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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer.				





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COVER LETTER

TO:

TO:	Registration Section Division of Corporations			
SUBJ	ESTRELEIRA INVESTMENTS, LLC			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		e of Limited Liability Company		
		Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida		
Please	e return all correspondence concerning this matter to	o the following:		
	MARIA D RIOS			
		Name of Person		
	ESTRELEIRA INVESTMENTS, LLC			
		Firm/Company		
	11652 PIPERS LN			
		Address		
	MILTON, DE 19968			
City/State and Zip Code		ity/State and Zip Code		
	joserios710@live.com			
	E-mail address: (to be	e used for future annual report notification)		
For fu	orther information concerning this matter, please ca	11:		
	MARIA D RIOS	302 744-0523		
	Name of Contact Person	Area Code Daytime Telephone Number		
	Mailing Address:	Street Address:		
Registration Section Division of Corporations		Registration Section Division of Corporations		
	P.O. Box 6327	The Centre of Tallahassee		
-	Tallahassee. FL 32314	2415 N. Monroe Street, Suite 810		
		Tallahassee, FL 32303		
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEF \$\sum{\$125.00 Filing Fee} \text{\$\$130.00 Filing Fe} Certificate of	re & 🔲 \$155.00 Filing Fee & 🔲 \$160.00 Filing Fee, Certificate		

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

f name unavailable, enter alternate i	name adopted for the purpose of transacting business in Flo	orida. The	alternate name must include "Limited Lis	bility Company,"	"L.L.C," or "L	.LC.
DELAWARE			92-3956108			
(Jurisdiction under the law of which foreign limited liability company is organized)			(FEI number	er, if applicable)		
May 1, 2023						
	(Date first transacted business in Florida, if prior to r (See sections 605.0904 & 605.0905, F.S. to determine	egistration ne penalty	ı) Jiabilityj			
11652 PIPERS LN			11652 PIPERS LN			
reet Address of Principal Office)		0.	(Mailing Address)			
MILTON, DE 19968			MILTON, DE 19968			
	<u> </u>					
		NOT				
. Name and street addres	ss of Florida registered agent: (P.O. Box	NOL	acceptable)			
	MARIA D RIOS			• .•	2023	
Name:				-	ċ-	
	4635 HURON BAY CIR					-
Office Address:			·		۱ آل	,
	KISSIMMEE		34759	•	式	•
			, Florida(Zip code)	 · ,		
	(Cny)		(Zip code)	•	 03	

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as legistered agent.

(Registered agent's signiture)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
■Manager	Name: MARIA D RIOS	□Manager	Name: JOSE R RIOS
■Member	Address: 11652 PIPER LN	■Member	Address:
Authorized	MILTON, DE 19968	Authorized	MILTON, DE 19968
Person		Person	
Other	Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
Other	Other	Other	Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes, I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of an authorized person

MARIA D RIOS

Typed or printed name of signee

State of Delaware
Secretary of State
Division of Corporations
Delivered 04:28 PM 05/01/2023
FILED 04:28 PM 05/01/2023
SR 20231735927 - File Number 7437908

STATE OF DELAWARE CERTIFICATE OF FORMATION OF LIMITED LIABILITY COMPANY

The undersigned authorized person, desiring to form a limited liability company pursuant to the Limited Liability Company Act of the State of Delaware, hereby certifies as follows:

1.	The name of the limited liabilit ESTRELEIRA	ry company is
	The Registered Office of the lind at 11652 PIPERS LN City of MILTON	mited liability company in the State of Delaware :(street, Zip Code19968 . The
name o liabilit	of the Registered Agent at such a y company may be served is JC	address upon whom process against this limited
Ву:	Authorized Person	By: Authorized Person
Name: _	JOSE RAMON RIOS Print or Type	Name: MARIA DEL CARMEN RIOS Print or Type

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ESTRELEIRA INVESTMENTS, LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE SECOND DAY OF MAY, A.D. 2023.



Authentication: 203259668

Date: 05-02-23