

6/26/23 1:38 PM

Division of Corporations

## Florida Department of State

Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : HARVARD BUSINESS SERVICES, INC.  
Account Number : I20080000045  
Phone : (302)645-7400  
Fax Number : (302)645-1280

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: ximena@dartmouthinternational.com

Foreign Limited Liability Company  
**FRAZ BRK LLC**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 1        |
| Certified Copy        | 0        |
| Page Count            | 04       |
| Estimated Charge      | \$130.00 |

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS  
IN FLORIDAIN COMPLIANCE WITH SECTION 915.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:1. FRAZ BRK LLC  
(Name of foreign limited liability company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name required for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware 3. 301252007  
(Jurisdiction under the law of which foreign limited liability company is organized) (EIN number, if applicable)4. 06/15/2023  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. for date under penalty liability)5. Juncal 1378 Oficina 806 6. Juncal 1378 Oficina 806  
(Street Address of Principal Office) (Mailing Address)  
11100 Montevideo, Uruguay  
11100 Montevideo, Uruguay7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)Name: Registered Agents Inc.  
Office Address: 7901 4th Street N, Ste 300  
St. Petersburg, Florida 33702  
(City) (Zip code)

## Registered agent's acceptance:

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 registered agent.David Roberts  
(Registered agent's signature)2023 JUN 26 PM 8:08  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FL.

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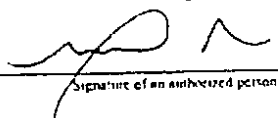
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

| <u>Title or Capacity:</u>                  | <u>Name and Address:</u>                | <u>Title or Capacity:</u>            | <u>Name and Address:</u>             |
|--|---|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Manager           | Name: <u>FEAZ HOLDINGS LP</u>           | <input type="checkbox"/> Manager     | Name: _____                          |
| <input checked="" type="checkbox"/> Member | Address: <u>25 Fenton Place</u>         | <input type="checkbox"/> Member      | Address: _____                       |
| <input type="checkbox"/> Authorized        | <u>East Kilbride, South Lanarkshire</u> | <input type="checkbox"/> Authorized  | _____                                |
| Person                                     | <u>Scotland, G75 9FL</u>                | Person                               | _____                                |
| <input type="checkbox"/> Other _____       | <input type="checkbox"/> Other _____    | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| <br><input type="checkbox"/> Manager       | <br>Name: _____                         | <br><input type="checkbox"/> Manager | <br>Name: _____                      |
| <input type="checkbox"/> Member            | Address: _____                          | <input type="checkbox"/> Member      | Address: _____                       |
| <input type="checkbox"/> Authorized        | _____                                   | <input type="checkbox"/> Authorized  | _____                                |
| Person                                     | _____                                   | Person                               | _____                                |
| <input type="checkbox"/> Other _____       | <input type="checkbox"/> Other _____    | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| <br><input type="checkbox"/> Manager       | <br>Name: _____                         | <br><input type="checkbox"/> Manager | <br>Name: _____                      |
| <input type="checkbox"/> Member            | Address: _____                          | <input type="checkbox"/> Member      | Address: _____                       |
| <input type="checkbox"/> Authorized        | _____                                   | <input type="checkbox"/> Authorized  | _____                                |
| Person                                     | _____                                   | Person                               | _____                                |
| <input type="checkbox"/> Other _____       | <input type="checkbox"/> Other _____    | <input type="checkbox"/> Other _____ | <input type="checkbox"/> 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  
 Fernando Razuk  
 \_\_\_\_\_  
 Typed or printed name of signer

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# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FRAZ BRK 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 TWENTY-SIXTH DAY OF JUNE, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FRAZ BRK LLC" WAS FORMED ON THE FOURTEENTH DAY OF OCTOBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



3888004 8300

SR# 20232851929

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 203622314

Date: 06-26-23

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