M2300088/8

(Requestor's Name)	
(Address)	
·	Address)	
- (City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
	Business Entity Name)	
(Document Number)	
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T. LEMIEUX

JUL 1 0 2023

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: NA INT	Name of Limited Liability Company
The enclosed "Application by Foreign Limite Existence, and check are submitted to registe	ed Liability Company for Authorization to Transact Business in Florida," Certificate of er the above referenced foreign limited liability company to transact business in Florida.
Please return all correspondence concerning	this matter to the following:
0	Hristian Gilado Name of Person
	Name of Person
(PITAL BYOKES LIC
	Firm/Company
19790 W D	Address
	City/State and Zip Code
Vgara @ car	ddress: (to be used for future annual report notification)
For further information concerning this matt	er, please call:
Name of Contact I	Person Area Code Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	ng amount: ORIDA DEPARTMENT OF STATE .00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate Certificate of Status Certified Copy of Status & Certified Copy





June 9, 2023

CHRISTIAN GIRALDO 19790 W DIXIE HWY STE 1001 AVENTURA. FL 33180

SUBJECT: ARA INTERNATIONAL LLC

Ref. Number: W23000081573

We have received your document for ARA INTERNATIONAL LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 023A00013173

RECEIVED

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

MPANY TO TRANSACT BU	SINESS IN THE STATE OF FLORIDA: Limited Liability Company; must include "Limite	OLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABI
(Name of Foreign	Limited Liability Company; must include "Limite	d Liability Company, L.I.C., or L.C.)
ame unavailable, enter alternate i	name adopted for the purpose of transacting business in Fl	orida. The alternate name must include "Limited Liability Company," "L.L C," or "LLC.")
Delawall (Jurisdiction under the law of w) hich (oreign limited liability company is organized)	3. 384 138299 (FEI number, if applicable)
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	registration.) ine penalty liability)
1929 W ()1 et Address of Principal Office)	He they	6. 19790 W DIXTE HWY Ste 1001
5te 1001 Are	entury, GL 33180	Avertuc, PC 33HD
Name and street addres	ss of Florida registered agent: (P.O. Box	NOT acceptable)
Name:	Premiere tax Mana	agement Services CORP =
Office Address:	9101 time Buy Blue	1 oxit 102
	Bldg 7 Tamarac,	F. 33321 Florida 33321
gistered agent's accep ving been named as re		process for the above stated limited liability company at the pla
ignated in this applica comply with the provis	tion, I hereby accept the appointment a ions of all statutes relative to the proper	is registered agent and agree to act in this capacity. I further a and complete performance of my duties, and I am familiar with
і ассері іне опиданоп	s of my position as registered agent.	$\left(\begin{array}{c} 1 \\ 1 \end{array}\right)$
	(Registered agent's	signature;

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to

Fitle or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
□Manager	Name: Capital Brokers LC	□Manager	Name: RATHA HOLDING INC.
Member	Address: 1970 W DIVIE HUY	Member	Address: 526 SATINWOOD
□Authorized	Ste 1001 Arenther, Fr	□Authorized	ne key biscoune, 5
Person	33180	Person	33149
□Other	Other	Other	Other
Manager	Name: Christian Graldo	□Manager	Name:
□Member	Address: 19-90 W DI LUTE HOUY	□Member	Address:
Authorized	Ste 1001 Aventueg, R	□Authorized	
Person	33HO	Person	
Other	Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	Other	Other	Other
□Other	Jse an attachment to report more than six (6). The may be added to the index when filing your Flor difficate of existence, no more than 90 days old, du	Othere attachment will be imaida Department of State	aged for reporting purposes only. Not e Annual Report form.

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 althird degree felony as provided for in s.817.155, F.S.



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

DELAWARE, DO HEREBY CERTIFY "ARA INTERNATIONAL 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 TWENTIETH DAY OF JUNE, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ARA

INTERNATIONAL LLC" WAS FORMED ON THE TWENTY-EIGHTH DAY OF JANUARY,

A.D. 2020.

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

Authentication: 203583319

Date: 06-20-23