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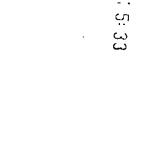
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT	MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Statu	s			
Special Instructions to Filing Officer:				

Office Use Only



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T. LEMIEUX

COVER LETTER

TO:		ation Section of Corporations					
SUBJE		oitol Hill Realtor LLC					
		Name of Limited Liability Company					
The enc Existen	closed "Ap	oplication by Foreign Limited Liability eck are submitted to register the abov	y Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida				
Please r	return all c	correspondence concerning this matter	r to the following:				
		Gerson Hernandez					
			Name of Person				
		Lawyers Limited Inc					
			Firm/Company				
		829 W Palmdale Blvd #68					
	Address Palmdale CA 93551						
	City/State and Zip Code						
	g	erson@lawyerslimited.com					
	_	E-mail address: (to	be used for future annual report notification)				
For furt	her inform	nation concerning this matter, please c	call:				
	Gerson I	Hernandez	661 310 2823 at ()				
		Name of Contact 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				
	Please ma	is a check for the following amount: ake check payable to: FLORIDA DE 00 Filing Fee	Fee & ■ \$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;

ime unavailable, enter alternate	name adopted for the purpose of transacting business in I	lorida. The alternate nar	ne must include "Limited Lial	bility Company," "L.L.	C," or "
Delaware				,,,,	-,
	shich foreign limited liability company is organized)	3	(FI:I numbe	r, if applicable)	
Upon Filing					
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	registration.) nine penalty liability)			
3071 NE 43rd St Fort			E 43rd St Fort Lauder		
et Address of Principal Office)		(Mai	ling Address)		
				- -	
<u> </u>	· · · · · · · · · · · · · · · · · · ·				
No. 11					
Name and street addre	ss of Florida registered agent: (P.O. Bo:	x <u>NOT</u> acceptabl	e)		2 1
Name and street addre	ss of Florida registered agent: (P.O. Bo	x <u>NOT</u> acceptabl	e)	U.	~3 en
	Lawyers Limited Inc		e)	C.T.	\
Name and street addre Name:			e)		- [2] - [2]
	Lawyers Limited Inc		e)		-
	Lawyers Limited Inc		e)	U,	-
Name:	Lawyers Limited Inc 3458 Lakeshore Dr.				
Name:	Lawyers Limited Inc 3458 Lakeshore Dr. Tallahassee		e) 32312 Florida	5. ⁻ .	-

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.

Jeff Glass, President
(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 manage [up to six (6) total]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
■Manager	Name: Emilio Orozco de La Garza	■Manager	Name: Jose R Mayorquin
□Member	Address: 3071 NE 43rd St	□Member	Address:
□Authorized	Fort Lauderdale FL 33308	□Authorized	Fort Lauderdale FL 33308
Person		Person	
□Other	□Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other		□Other	□Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□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.

Emilio Orozco de La Garza
Signature of a authorized person

Emilio Orozco de La Garza - Manager

Typed or printed name of signee



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

DELAWARE, DO HEREBY CERTIFY "CAPITOL HILL REALTOR 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-EIGHTH DAY OF JUNE, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CAPITOL HILL REALTOR LLC" WAS FORMED ON THE THIRTIETH DAY OF NOVEMBER, A.D. 2022.

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

e at corn delaware gov/aut

Authentication: 203646920

Date: 06-28-23