# M23000011290

| (Requestor's Name)                      |  |  |  |  |  |  |
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| (Address)                               |  |  |  |  |  |  |
| (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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Office Use Only



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### CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

| EXPERIENCES     | S AT SCALE L           | LC   | <br>                                   |
|-----------------|------------------------|------|--|
| Please Debit FC | <b>A000000003</b> For: | 125  |  |
| Thank you Seth  | Neeley                 |      |  |
| Staf            | /                      |      | Art of Inc. File  LTD Partnership File |
| ŕ               |                        |      | × Foreign Corp. File                   |
|                 |                        |      | L.C. File                              |
|                 |                        |      | Fictitious Name File                   |
|                 |                        |      | Trade/Service Mark                     |
|                 |                        |      | Merger File                            |
|                 |                        |      | Art. of Amend. File                    |
|                 |                        |      | RA Resignation                         |
|                 |                        |      | Dissolution / Withdrawal               |
|                 |                        |      | Annual Report / Reinstatement          |
|                 |                        |      | Cert. Copy                             |
|                 |                        |      | × Photo Copy                           |
|                 |                        |      | Certificate of Good Standing           |
|                 |                        |      | Certificate of Status                  |
|                 |                        |      | Certificate of Fictitious Name         |
|                 |                        |      | Corp Record Search                     |
| 1               |                        |      | Officer Search                         |
|                 |                        |      | Fictitious Search                      |
| Signature       |                        |      | Fictitious Owner Search                |
| /               |                        |      | Vehicle Search                         |
|                 |                        |      | Driving Record                         |
| Requested by:   |                        |      | UCC 1 or 3 File                        |
| Name            | Date                   | Time | UCC 11 Search                          |
| Walle E.        | Attric est a           | * '  | UCC II Retrieval                       |
| Walk-In         | Will Pick              | Up   | Couries                                |

# 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 ELORIDA.

| (Name of Foreign L  | ALE LLC<br>imited Liability Company; must include "Limited I  | Liability Compar                                   | y," "L.L.C.," or "LLC.")               |            |                  |
|---|---|--|--|------------|------------------|
|   |   |  |  |            | <u>, "LLC.")</u> |
| name unavailable, enter alternate na                              | tic adopted for the purpose of transacting business in Florid   | a. The alternate nar                               | ne must include "Limited Leability Com | puny. C.o. |                  |
| WYOMING   |   | 87-34  |  |            |                  |
| (Jurusdiction under the law of whi                                | ch toreign limited liability company is organized)  | 3  | (FEI number, if app                    | licable)   |                  |
| 08/01   | 1/2023  |  | ·<br>                                  |            |                  |
|   | (Date first transacted business in Florida, if prior to re<br>(See sections 605 0904 & 605,0905, F.S. to determin | gistration.)<br>c penalty liability)               |  |            |                  |
| 255 ARAGON AVENUE, 2ND FLOOR (Street Address of Principal Office) |   | 255 ARAGON AVENUE, 2ND FLOOR  6. (Mailing Address) |  |            |                  |
|   |   |  |  |            |                  |
| CORAL GABLES FL,  |   |  |  |            |                  |
|   |   |  |  |            |                  |
|   | · · · · · · · · · · · · · · · · · · ·   |  |  |            |                  |
|   |   | NOT  | . 1.1                                  | ,          | 20               |
| Name and street address   | ss of Florida registered agent: (P.O. Box   | NO1_accept   | abic)                                  |            | [2]              |
|   |   |  |  |            | <b>A</b> U       |
| Name:   | ABITOS PLLC   |  | _                                      |            | 2                |
| rame.   |   |  | _                                      | •          | <u> </u>         |
|   | 255 ARAGON AVENUE, 2ND FLOC   | ж —  | _                                      | •          | =                |
| Office Address:   | CODAL CARLES  |  |  | -          | <del></del>      |
| Office Address:   | CODAL CARLES  |  | 11114                                  |            |                  |
| Office Address:   | CORAL GABLES  |  | 33134<br>, Florida                     | <br>       | 45               |

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:<br>Irasema Vazquez Cano   |
|--|---|--|---|
| Manager  | Name: Jose Alberto Fabrega Mantica  | Manager  | Name: 255 Aragon Avenue, 2nd Floor  |
| Member   | Address: 255 Aragon Avenue, 2nd Floor   | ☐ Member   | Address:  |
| Authorized   | Coral Gables FI, 33134  |  | Coral Gables Fl, 33134  |
| Person   |   | Person   |   |
| Other  | Other   | Other  | Other   |
| ■ Manager  | Name: Ruben Garcia Calvo  | Manager  | Name:   |
| Member   | Address: 255 Aragon Avenue, 2nd Floor   | Member   | Address:  |
|  | Coral Gables Fl, 33134  | Authorized   |   |
| Person   |   | Person   |   |
| Other  |   | Other  | Other   |
| ☐Manager   | Name:   | Manager  | Name:   |
| Member   | Address:  | Member   | Address:  |
| Authorized   |   | Authorized   |   |
| _  |   | Person   |   |
| Person Other   | Other   | Other  | Other   |
| ndexed individuals not the control of the control o | e an attachment to report more than six (6). The nay be added to the index when filing your Flucate of existence, no more than 90 days old, law of which it is organized. (If the certificate be submitted)  executed in accordance with section 605,020 ent to the Department of State constitutes a the | duly authenticated by the e is in a foreign language | official having custody of records in the , a translation of the certificate under oath |

Jose Alberto Fabrega

Typed or printed name of signer

## STATE OF WYOMING Office of the Secretary of State

I, CHUCK GRAY, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office,

#### **Experiences at Scale LLC**

is a

#### **Limited Liability Company**

formed or qualified under the laws of Wyoming did on **November 4, 2021**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2021-001049580**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 25th day of August, 2023 at 11:03 AM. This certificate is assigned ID Number 064626722.

Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website https://wyobiz.wyo.gov and following the instructions displayed under Validate Certificate.