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**M2300001/540**Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Tax Number : (568)112-6482

From: Account Name : C20014000014001000 INC  
Account Number : 1307000002130  
Phone : (954)445-7583  
Fax Number : (726)713-1043

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

Email Address: \_\_\_\_\_

## Foreign Limited Liability Company

CL540 LLC

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 0        |
| Page Count            | 02       |
| Estimated Charge      | \$125.00 |

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

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS A LIMITED LIABILITY COMPANY REGISTERED IN THE STATE OF FLORIDA:

1. RESTREPO OSPINA LLC  
Name of Foreign Limited Liability Company (to include Limited Liability Company, if applicable)2. DELAWARE State of Incorporation (to include State of Incorporation, if applicable)3. 3751 SW 26TH TERRACE Principal Office Address (to include Principal Office Address, if applicable)4. 3751 SW 26TH TERRACE Registered Office Address (to include Registered Office Address, if applicable)5. MIAMI, FL 33134 Principal Office City and State (to include Principal Office City and State, if applicable)6. MIAMI, FL 33134 Registered Office City and State (to include Registered Office City and State, if applicable)

7. Name and street address of Florida registered agent (P.O. Box NOT acceptable)

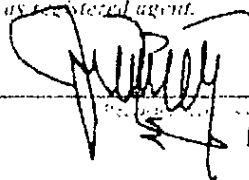
Name: RESTREPO OSPINA LLCOffice Address: 10691 N KENDALL DRIVE STE 209MIAMI33136  
Florida

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FILED

SEP 7 2023

## 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.*

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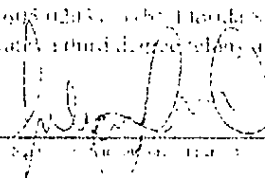
8. For initial indexing purposes, list names, title, or capacity and address of the primary officers, managers, or persons authorized to manage (up to six (6) total):

| <u>Title or Capacity:</u>                   | <u>Name and Address:</u>      | <u>Title or Capacity:</u> | <u>Name and Address:</u> |
|---------------------------------------------|-------------------------------|---------------------------|--------------------------|
| <input checked="" type="checkbox"/> Manager | Name: JULIANA LIMA            | Manager                   | Name: _____              |
| Member                                      | Address: 3731 SW 26TH TERRACE | Member                    | Address: _____           |
| Authorized                                  | MIAMI, FL 33134               | Authorized                | _____                    |
| 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 Note: 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, not more than 90 days old, and recognized by the official having custody of records in the jurisdiction under the laws where 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 905.02(3), 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.



JULIANA LIMA

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# Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CL540 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 AUGUST, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CL540 LLC" WAS FORMED ON THE SEVENTH DAY OF JULY, A.D. 2023.

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



7555948 8300

SR# 20233356549

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 "JBULLOCK", 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: 204049154

Date: 08-28-23