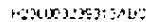


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【701】 ADDRESS: _____

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

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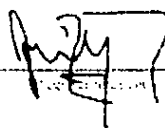
H23000323931 3

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

IN COMPLIANCE WITH SECTION 605.02, FLORIDA STATUTES, THE FOLLOWING IS A LIMITED LIABILITY COMPANY AUTHORIZED TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. RESTREPO OSPINA, LLC
Name of Foreign Limited Liability Company (must include "Limited Liability Company" or "LLC")2. DELAWARE
State of incorporation of the company3. RESTREPO OSPINA, LLC
Principal office address of the company4. RESTREPO OSPINA, LLC
Principal office address of the company5. 3731 SW 26TH TERRACE
Principal office address of the company6. MIAMI, FL 33134
Principal office address of the company7. Name and street address of Florida registered agent (P.O. Box NOT acceptable)Name RESTREPO OSPINA, LLCOffice Address 10691 N KENDALL DRIVE, SUITE 209MIAMI33176

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.**FILED**
2023 SEP 14 AM 11:20
SECRETARY OF STATE
TALLAHASSEE, FL

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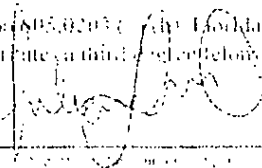
8. For initial indexing purposes, list names, title or capacity, and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
☒ Manager	Name <u>ROA LIMA VENTURES CORP</u>	Manager	Name _____
	Address <u>3731 SW 26TH TERRACE</u>	Member	Address _____
	<u>MIAMI, FL 33134</u>	Authorized	_____
☐ Authorized	_____	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 Notice: Use an attachment to report more than six (6). The attachment will be indexed for reporting purposes only. Non-indexed individuals may be added to the index when filing your foreign Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, for the corporation to be filed with the custody of records of the jurisdiction under the law of which it is organized. (If the certificate is a translation, a translation of the certificate under oath or the translation must be submitted.)

10. This document is executed in accordance with section 895.02(3)(c) of the 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. 817.055, F.S.



ROA LIMA VENTURES CORP

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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 "JJ3731 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 EIGHTH DAY OF SEPTEMBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "JJ3731 LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF APRIL, A.D. 2023.

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



7421383 8300

SR# 20233452796

You may verify this certificate online at corp.delaware.gov/authver.shtml
Jeffrey W. Bullock, Secretary of State

Authentication: 204126418

Date: 09/08/23