M24000000575

(Requestor's Name)				
(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:				

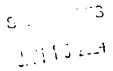
Office Use Only



100420230351

12/13/23--01020--007 **130.00





COVER LETTER

Registration Section

TO:

Div	rision of Corporations				
SUBJECT:	AHOY CLUB US LLC				
	Name of Limited Liability Company				
		Company for Authorization to Transact Business in Florida," Certificate o referenced foreign limited liability company to transact business in Florida			
Please return	n all correspondence concerning this matter t	o the following:			
	Scarlett Aguasvivas				
	Name of Person Zedra Corporate Management Services Inc.				
	Firm/Company				
		Address			
	Miami FL 33131				
	City/State and Zip Code				
	scarlett.aguasvivas@zedra.com				
	E-mail address: (to be	e used for future annual report notification)			
For further i	nformation concerning this matter, please ca	II:			
Searlett Aguasvivas		786 7028212 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			
Enc Plea	closed is a check for the following amount: ase make check payable to: FLORIDA DEF \$125.00 Filing Fee \$\infty\$ \$\$S130.00 Filing Fe Certificate \$\text{c}\$	Tallahassee, FL 32303 PARTMENT OF STATE e & S155.00 Filing Fee & S160.00 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 HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

l'name unavailable, enter alternate i	name adopted for the purpose of transacting business in F	lorida. The alternate nam	e must include "Limited Lia	bility Company."	"L.L.C."	or "LLC
DELAWARE		2				
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	J	(FEI mumbe	r, if applicable)		
N/A						
+	(Date first transacted business in Florida, II prior to 1See sections 605 0904 & 605,0905, F.S. to determ	registration.) ine penalty liability)				
600 BRICKELL AVE	SUITE 1755	600 BRIG	CKELL AVENUE S	SUITE 1755	2	
reet Address of Principal Office)		(Maile	ng Addiess)	≱ં	2023 DE	
MIAMI FL 33131		MIAMI FL 33131				_
				ASS ASS	ယ	E T
			 	m=i; May	<u> </u>	ţ 2
Name and street addres	ss of Florida registered agent: (P.O. Box	NOT acceptable	e)	門所	: 3	٠
	ZEDRA CORPORATE MANAGEMI	و ENT SERVIC E.	INC.			
Name:		·				
Office Address:	600 BRICKELL AVE SUITE 1755					
	MIAMI		33131			
(Cuy)		, Florida(Zip code)				

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.

(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:	
■Manager	Name: ZEDEACOEPDEATE	□Manager	Name: TOMAS ALONSO
□Member	MANAGEMENT SERVICES INC Address: 400 Backell Ane	☐Member	Address: 600 BRICKELL AVE
□Authorized	Sute 1755 Miami	■Authorized	SUITE 1755 MIAMI FL 33131
Person	FL 33/31	Person	
□Other	□Other	□Other	Other
∐Manager	Name: SCARLETT AGUASVIVAS	□Manager	Name:
□Member	Address:	□Member	Address:
■ Authorized	SUITE 1755 MIAMI FL 33131	□Authorized	
Person		Person	
Other	Other	□Other	□Other
□Manager	Name:	∐Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person	Add to the second of the secon	Person	
[]Other	□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.

Signature of an authorized person

SCARLETT AGUASVIVAS

Typed or printed name of signee

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "AHOY CLUB US 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 TWELFTH DAY OF DECEMBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AHOY CLUB US LLC" WAS FORMED ON THE TENTH DAY OF FEBRUARY, A.D. 2023.

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

Authentication: 204795819

Date: 12-12-23