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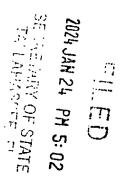
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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T. LEMIEUX

COVER LETTER

TO:

Registration Section

Div	vision of Corporations						
SHRJF <i>C</i> T:	FURIA EXPERIENCE LLC						
Name of Limited Liability Company							
The enclosed Existence, an	d "Application by Foreign Limited Liability and check are submitted to register the above	Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida					
Please return	n all correspondence concerning this matter t	o the following:					
	MICHEL DE AMORIM						
	Name of Person						
	DRUMMOND CONSULTING ELC						
		Firm/Company					
	3 901						
		Address					
	MIAMI, FLORIDA, 33131						
FURBUBJECT: The enclosed "Applexistence, and checklease return all conformation of the second of th	C	City/State and Zip Code					
	compliance@drummondadvisors.com						
	E-mail address: (to be	e used for future annual report notification)					
For further in	nformation concerning this matter, please ca	II:					
МІ	CHEL DE AMORIM	781 770-0005 at ()					
	Name of Contact Person	Area Code Daytime Telephone Number					
	illing Address: gistration Section	Street Address: Registration Section					
	vision of Corporations	Division of Corporations					
	D. Box 6327	The Centre of Tallahassee					
Tal	llahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
Plea	closed is a check for the following amount: ase make check payable to: FLORIDA DEF \$125.00 Filing Fee \$130.00 Filing Fe Certificate of	e & 🔲 \$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:

name unavailable, enter alternate i	name adopted for the purpose of transacting business in Florida. The	ne alternate name must include "Limited Liab	ility Company,"	"L.L.C," c),] ,]" n
DELAWARE		92-0495630			
(Jurisdiction under the law of w	(FEI number,	(FEI number, if applicable)			
	(Date first transacted business in Florida, if prior to registrat (See sections 605 0904 & 605 0905, F.S. to determine penal	on) ty liability)			
173 NW 23RD STREE	er Et	7280 W PALMETTO PARK	ROAD,SUI	TE 101	ļ
Street Address of Principal Office)		(Mailing Address)			
MIAMI, FL 33127		BOCA RATON, FL 33433	W.	2024 J.	
			72.50	MH 24	<u>;</u>
Name and street address	ss of Florida registered agent: (P.O. Box <u>NOT</u>	_acceptable)	OF STATE	PM 5: 02	
Name:	DRUMMOND CONSULTING LLC				
Office Address:	601 BRICKELL KEY DRIVE.SUITE 901				
	MIAMI	33131 Florida			
	(City)	, Florida(Zip code)			

(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: Title or Capacity: Name and Address: Name and Address: Name: JAIME DE PADUA FERREIRA I Name: ANDRE AKKARI ■Manager ■ Manager 8853 NEW RIVER FALLS 7280 W.PALMETTO PARK Address: □Member ☐ Member BOCA RATON, FL 33496 ROAD, SUITE 101 □ Authorized □ Authorized BOCA RATON, FL 33433 Person Person □Other____ □Other □ Other □Other FURIAGG, CORP □Manager □Manager Name: _____ 7280 W.PALMETTO PARK Address: __ □ Member □Member Address: ROAD, SUITE 101 □ Authorized ☐ Authorized BOCA RATON, FL 33433 Person Person AMBR ■Other_ □Other____ Other____ □Other___ Name: _____ □Manager □Manager ☐ Member Address: Address: □ Member ☐ Authorized □ Authorized Person 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. Nonindexed 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. -Andre Akkari Signature of an authorized person ANDRE AKKARI

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 "FURIA EXPERIENCE 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 THIRD DAY OF JANUARY, A.D. 2024.

Authentication: 202510600

Date: 01-03-24