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SECRETARY OF STATE
TALLAHASSEE, FL

T. LEMIEUX
FEB 14 2024

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FURIA EXPERIENCE LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

MICHEL DE AMORIM

Name of Person

DRUMMOND CONSULTING LLC

Firm/Company

601 BRICKELL KEY DRIVE, SUITE 901

Address

MIAMI, FLORIDA, 33131

City/State and Zip Code

compliance@drummondadvisors.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHEL DE AMORIM

781

770-0005

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
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

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:

1. FURIA EXPERIENCE LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. DELAWARE
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 92-0495630
(FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 173 NW 23RD STREET
(Street Address of Principal Office)

6. 7280 W PALMETTO PARK ROAD, SUITE 101
(Mailing Address)

MIAMI, FL 33127

BOCA RATON, FL 33433

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

Name: DRUMMOND CONSULTING LLC

Office Address: 601 BRICKELL KEY DRIVE, SUITE 901

MIAMI, Florida 33131
(City) (Zip code)

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.

Michel de Amarim

(Registered agent's signature)

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SECRETARY OF STATE
TALLAHASSEE, FL

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]:

<p><u>Title or Capacity:</u></p> <p><input checked="" type="checkbox"/> Manager Name: <u>ANDRE AKKARI</u></p> <p><input type="checkbox"/> Member Address: <u>8853 NEW RIVER FALLS</u></p> <p><input type="checkbox"/> Authorized <u>BOCA RATON, FL 33496</u></p> <p>Person _____</p> <p><input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Manager Name: <u>FURIAGG, CORP</u></p> <p><input type="checkbox"/> Member Address: <u>7280 W. PALMETTO PARK</u></p> <p><input type="checkbox"/> Authorized <u>ROAD, SUITE 101</u></p> <p>Person <u>BOCA RATON, FL 33433</u></p> <p><input checked="" type="checkbox"/> Other <u>AMBR</u> <input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Manager Name: _____</p> <p><input type="checkbox"/> Member Address: _____</p> <p><input type="checkbox"/> Authorized _____</p> <p>Person _____</p> <p><input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____</p>	<p><u>Title or Capacity:</u></p> <p><input checked="" type="checkbox"/> Manager Name: <u>JAIME DE PADUA FERREIRA I</u></p> <p><input type="checkbox"/> Member Address: <u>7280 W. PALMETTO PARK</u></p> <p><input type="checkbox"/> Authorized <u>ROAD, SUITE 101</u></p> <p>Person <u>BOCA RATON, FL 33433</u></p> <p><input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Manager Name: _____</p> <p><input type="checkbox"/> Member Address: _____</p> <p><input type="checkbox"/> Authorized _____</p> <p>Person _____</p> <p><input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Manager Name: _____</p> <p><input type="checkbox"/> Member Address: _____</p> <p><input type="checkbox"/> Authorized _____</p> <p>Person _____</p> <p><input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____</p>
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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.

Andre Akkari

Signature of an authorized person

ANDRE AKKARI

Typed or printed name of signee

Delaware

The First State

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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.



7642706 8300

SR# 20240010684

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 202510600

Date: 01-03-24