

Florida Department of State

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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : A1A REGISTERED AGENT INC.
Account Number : I20090000032
Phone : (561)792-2236
Fax Number : (561)202-8082

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

Address: _____

Foreign Limited Liability Company
MARCARIA INTERNATIONAL LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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K. Brumbley

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

IN COMPLIANCE WITH SECTION 905.092, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. MARCARIA INTERNATIONAL LLC

(Name of Foreign Limited Liability Company must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC")

2. DELAWARE

3. 87-4619316

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

(FBI number, if applicable)

4.

(Date first transacted business in Florida, if prior to registration)
(See sections 605.064 & 605.095, F.S., to determine penalty liability)

1915 BRICKELL AVENUE C1112

8345 NW 66 St. #B1673

5. (Street Address of Principal Office)

6. (Mailing Address)

MIAMI, FL 33129 USA

MIAMI, FL 33166-7896 USA

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

Name:

A1A REGISTERED AGENT INC.

Office Address:

5647 110TH AVENUE NORTH

ROYAL PALM BEACH

, Florida

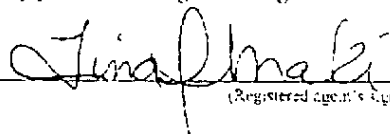
33411

(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.



(Registered agent's signature)

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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: FELIPE LUIS FUENTEALBA	☐ Manager	Name: _____
☐ Member	Address: 1915 BRICKELL AVENUE	☐ Member	Address: _____
☐ Authorized	City: MIAMI, FL 33129 USA	☐ Authorized	_____
Person	_____	Person	_____
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____
☒ Manager	Name: FRANCISCO J FUENTEALBA	☐ Manager	Name: _____
☐ Member	Address: 1915 BRICKELL AVENUE	☐ Member	Address: _____
☐ Authorized	City: MIAMI, FL 33129 USA	☐ 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 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.

Felipe Fuentealba

Signature of an authorized person

FELIPE FUENTEALBA

Typed or printed name of signer

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MARCARIA INTERNATIONAL 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-SEVENTH DAY OF FEBRUARY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MARCARIA INTERNATIONAL LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF JANUARY, A.D. 2022.

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



6588994 8300

SR# 20240718231

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 in a small font.

Authentication: 202894975

Date: 02-27-24

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