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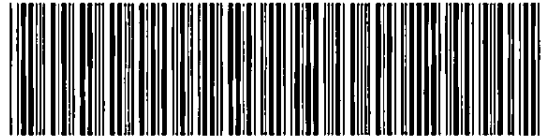
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ProWork Group USA, 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:

Brian Carvajal, Esq.

Name of Person

Pagliery Law Firm, PLLC

Firm/Company

8788 SW 8 Street

Address

Miami, FL 33174

City/State and Zip Code

briancarvajal@pagliery.com

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

For further information concerning this matter, please call:

Brian Carvajal

305

228-7672

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. ProWork Group USA, 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 3. 99-2339-176
(Jurisdiction under the law of which foreign limited liability company is organized) (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. 8786 SW 8 Street 6. 8786 SW 8 Street
(Street Address of Principal Office) (Mailing Address)
Miami, FL 33174 Miami, FL 33174

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

Name: Company Management Services, LLC
Office Address: 8788 SW 8 Street
Miami, Florida 33174
(City) (Zip code)

2024 APR -9 AM 10:13

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)

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:

☒ Manager Ana Mariel Cruz Gracias
☐ Member Address: 8786 SW 8 Street
☐ Authorized Miami, FL 33174
Person _____
☐ Other _____ ☐ Other _____

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ Other _____ ☐ Other _____

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ Other _____ ☐ Other _____

Title or Capacity:

Name and Address:

☒ Manager Name: Marcos Carballido Perales
☐ Member Address: 8786 SW 8 Street
☐ Authorized Miami, FL 33174
Person _____
☐ Other _____ ☐ Other _____

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ Other _____ ☐ Other _____

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ 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
Ana Mariel Cruz Gracias

Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PROWORK GROUP USA, 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 APRIL, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PROWORK GROUP USA, LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF MARCH, A.D. 2024.

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



3347422 8300

SR# 20241343262

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

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

Authentication: 203197888

Date: 04-08-24



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Detail by Entity Name

Florida Limited Liability Company
COMPANY MANAGEMENT SERVICES, LLC

Filing Information

Document Number L06000020401
FEI/EIN Number 20-4440775
Date Filed 02/23/2006
State FL
Status ACTIVE

Principal Address

8788 S.W. 8TH STREET
MIAMI, FL 33174

Mailing Address

8788 S.W. 8TH STREET
MIAMI, FL 33174

Registered Agent Name & Address

PAGLIERY, SERGIO A
8788 S.W. 8TH STREET
MIAMI, FL 33174

Authorized Person(s) Detail

Name & Address

Title MGR

PAGLIERY, SERGIO A
8788 S.W. 8TH STREET
MIAMI, FL 33174

Annual Reports

Report Year	Filed Date
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2022	03/02/2022
2023	03/21/2023

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