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TO:

Registration Section

	Warne of Limited Liability Company							
		Company for Authorization to Transact Business in Florida," Certificate or referenced foreign limited liability company to transact business in Florid						
lease return al	ll correspondence concerning this matter t	o the following:						
	Jose Luis Carbonell							
		Name of Person						
	Carbonell Law Firm, P.C.							
		Firm/Company						
	112 E. Pecan St., Suite 2840							
		Address						
	San Antonio, Texas 78205							
	C	ity/State and Zip Code						
	jlc@carbo-law.com							
	E-mail address: (to be	used for future annual report notification)						
For further infe	ormation concerning this matter, please ea	II:						
Jose	Luis Carbonell	210 319-7057 at ()						
	Name of Contact Person	Area Code Daytime Telephone Number						
Mailing Address: Registration Section Division of Corporations P.O. Box 6327		Street Address: Registration Section Division of Corporations The Centre of Tallahassee						
	hassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303						

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

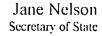
IN COMPLIANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

HABANA OUTPOST						
(Name of Foreign	Limited Liability Company; must include "Limited	Liability Co	mpany," "L.L.C.," or "LLC.")			•
f name unavailable, enter alternate	name adopted for the purpose of transacting business in Flo	orida. The alterr	nate name must include "Limited Liability	Company," "	L.L.C," or "	_ "LI.C.")
Texas		2				
(Jurisdiction under the law of which foreign limited liability company is organized)		3	(PEI number, if applicable)			_
	(Date first transacted business in Florida, if prior to a (See sections 605.0904 & 605.0905, F.S. to determine	egistration.) ne penalty liabil	lity)	_		
88 SW 7th St., No. 2010		88 6	SW 7th St., No. 2010			
reet Address of Principal Office)		v. <u> </u>	(Mailing Address)			_
Miami, Florida 33130		Mia	imi, Florida 33130			
			" - 1 1 1			-
						_
Name and street addres	ss of Florida registered agent: (P.O. Box	NOT acce	entable)			
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.,	Jose Luis Serrato				APR	
Nume:	-				0	
Office Address:	88 SW 7th St., No. 2010				70	. : ;
	Miami		33130		ά	نو <u>د</u> ۲
	(Спу)		, Florida(Zip code)		26	
legistered agent's accep	ntunco.					
laving been named as re	gistered agent and to accept service of p					
esignated in this applica comply with the provis	ition, I hereby accept the appointment as ions of all statutes relative to the proper	registered and compl	l agent and agree to act in the Far performance of my dutie	is capacit s. and I a	y, I furt m famili	her agre ar with
	s of my position as registered agent.			•	,	
		ک				
	(Registered agent's s	agnature)		-		

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: Name and Address: Name: _____ Manager □ Manager Name: 88 SW 7th St., No. 2010 □ Member ☐ Member Address: Miami, Florida 33130 □ Authorized □ Authorized Person Person Other____ □Other □Other □Other Name: _____ □ Manager Name: _____ □Manager □Member Address: □Member Address: □ Authorized □ Authorized Person Person □Other □Other □ Other □Other □Manager Name: □Manager Name: _____ Address: Address: □ Member ☐ 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 action 605.0203 (1/16), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third (degree felon) as provided for in s.817.155, F.S. Signature of an authorized person

Typed or printed name of signee

Jose Luis Serrato





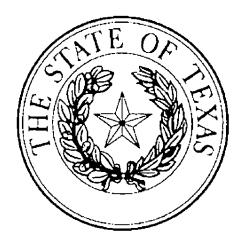
Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for HABANA OUTPOST & FRIENDS, LLC (file number 805473761), a Domestic Limited Liability Company (LLC), was filed in this office on March 21, 2024.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on April 08, 2024.



Jane Melion

Jane Nelson Secretary of State

Dial: 7-1-1 for Relay Services Document: 1352250410002