





FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 18, 2024

SANTIAGO VIZZOCO  
18071 BISCAYNE BLVD - APT 1703- N3  
AVENTURA, FL 33160 US

SUBJECT: BRIC AMERICA LLC  
Ref. Number: W24000043270

We have received your document for BRIC AMERICA LLC and check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Ariel Jones  
Regulatory Specialist II

Letter Number: 324A00005781

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** BRIC AMERICA 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:

SANTIAGO VIZZOCO  
Name of Person

BRIC AMERICA LLC  
Firm/Company

18071 BISCAYNE BLVD - APT 1703-N3  
Address

AVENTURA FL. 33160  
City/State and Zip Code

santiago.vizzoco@bric.finance  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SANTIAGO VIZZOCO at (786) 721-2457  
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. BRIC AMERICA 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. 87-4792063 (FEI number, if applicable)

4. NOT APPLICABLE
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 18071 BISCAYNE BLVD - APT 1703-N3 (Street Address of Principal Office)
6. 18071 BISCAYNE BLVD - APT 1703-N3 (Mailing Address)
AVENTURA FL. 33160
AVENTURA FL. 33160

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

Name: LIVEON GROUP INC
Office Address: 3140 S OCEAN DR - APT 211
HALLANDALE BEACH, Florida 33009
(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.

Julio Vera
(Registered agent's signature)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
24 MAY 22 AM 11:08

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>
<input type="checkbox"/> Manager	Name: SANTIAGO VIZZOCO	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: 18071 BISCAYNE BLVD - AP	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	AVENTURA, FL 33160	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

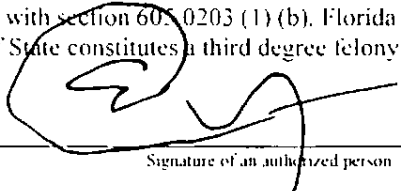
<input type="checkbox"/> Manager	Name: LUCAS AYERZA	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: 308 N 7TH ST - APT GF	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	BROOKLYN, NY 11211	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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

SANTIAGO VIZZOCO

Typed or printed name of signee

# Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BRIC AMERICA 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 THIRTIETH DAY OF APRIL, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BRIC AMERICA LLC" WAS FORMED ON THE FIRST DAY OF FEBRUARY, A.D. 2022.

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



6585445 8300

SR# 20241751515

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://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.

Authentication: 203364739

Date: 04-30-24