

M24000006873

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

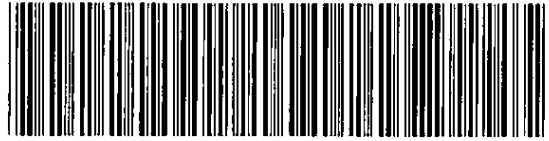
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000429164600

05/03/24--01019--006 **125.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2024 MAY -3 PM 1:33

FILED

K. SALY
MAY 31 2024

COVER LETTER

TO: Registration Section
Division of Corporations

WIHOM SOFTWARE LLC
SUBJECT:

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:

Valentina Lugo

Name of Person

Firm/Company

1007 N Orange St. 4th Floor Suite #1050

Address

Wilmington Delaware, 19801

City/State and Zip Code

agent@firstbase.io

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

For further information concerning this matter, please call:

Valentina Lugo

9293050668

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 6050902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. WIHOM SOFTWARE 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 (Jurisdiction under the law of which foreign limited liability company is organized) 3. 37-2025561 (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. 447 Broadway, 2nd Floor Suite #2580 (Street Address of Principal Office) 6. 447 Broadway, 2nd Floor Suite #2580 (Mailing Address) New York, New York 10013 New York, New York 10013

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

Name: Firstbase Agent LLC Office Address: 111 NE 1st St, 8th Floor Suite #88592 Miami, Florida 33132 (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)

FILED 2024 MAY -3 PM 1:33 DEPARTMENT OF STATE TALLAHASSEE, FLORIDA

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: <u>CRISTIAN MARTINEZ</u> | <input type="checkbox"/> Manager | Name: <u>JOAN RODRIGUEZ ESPINOSA</u> |
| <input checked="" type="checkbox"/> Member | Address: <u>447 Broadway 2nd Floor</u> | <input checked="" type="checkbox"/> Member | Address: <u>447 Broadway, 2nd Floor</u> |
| <input type="checkbox"/> Authorized Person | <u>Suite #2580, NY NY, 10013</u> | <input type="checkbox"/> Authorized Person | <u>Suite #2580, New York NY 10013</u> |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

| | | | |
|--|---|--|---|
| <input type="checkbox"/> Manager | Name: <u>CARLOS ALBERTO CUELLAR</u> | <input type="checkbox"/> Manager | Name: <u>ANDRES CRISTOBAL SOSA</u> |
| <input checked="" type="checkbox"/> Member | Address: <u>447 Broadway, 2nd Floor</u> | <input checked="" type="checkbox"/> Member | Address: <u>447 Broadway, 2nd Floor</u> |
| <input type="checkbox"/> Authorized Person | <u>Suite #2580, New York, NY 10013</u> | <input type="checkbox"/> Authorized Person | <u>Suite #2580, New York, NY 10013</u> |
| <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 Person | _____ | <input type="checkbox"/> Authorized 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

Valentina Lugo

 Typed or printed name of signee

2024 MAY -3 PM 1:33
 CLERK OF STATE
 TALLAHASSEE, FLORIDA

FILED

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WIHOM SOFTWARE 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-FOURTH DAY OF APRIL, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WIHOM SOFTWARE LLC" WAS FORMED ON THE EIGHTH DAY OF DECEMBER, A.D. 2021.

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

2024 MAY -3 PM 1:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED




Jeffrey W. Bullock, Secretary of State

6466130 8300

SR# 20241634817

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

Authentication: 203328829

Date: 04-24-24