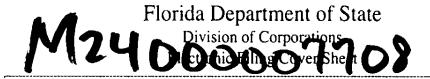
Division of Corporations



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Fax Number : (850)617-6383

From:

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Account Number: 110432003053

Phone : (561)694-8107

Fax Number

: (561)214-8442

\*\*Enter the email address for this business entity to be used for future -/annual report mailings. Enter only one email address please.\*\*

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## Foreign Limited Liability Company LEO@CARMEL, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

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## COVER LETTER

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UBJE				
		Name	e of Limited Liability Company	
			Company for Authorization to Transact Business in Florida," Certificate or referenced foreign limited liability company to transact business in Floric	
ease re	eturn all cor	respondence concerning this matter to	the following:	
	(	Osvaldo F. Torres		
	_	Name of Person		
	7	orres Law, P.A.		
	11:	·· · · · · · · · · · · · · · · · · · ·	Firm/Company	
	, 8	88 Southeast Third Avenue, Suite 400	)	
	_		Address	
	F	ort Lauderdale, Florida 33316		
		C	ity/State and Zip Code	
	oz	rie@torreslaw.net		
		E-mail address: (to be	used for future annual report notification)	
or furtl	her informa	tion concerning this matter, please cal	I:	
	Osvaldo F	. Torres	754 300-5815	
		Name of Contact Person	at ()	
	Mailing Address: Registration Section		Street Address: Registration Section	
Division of Corporations			Division of Corporations	
	P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahassee	
	1 alianas:	see, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
		s a check for the following amount: te check payable to: FLORIDA DEP	ARTMENT OF STATE	

## 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: Leo@Carmel, 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.E.C." or "LLC.") Delaware (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 17501 Biscayne Boulevard 17501 Biscayne Boulevard (Mailing Address) (Street Address of Principal Office) Suite 300 Suite 300 Aventura, Florida 33160 Aventura, Florida 33160 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Torres Law, P.A. Name: 888 Southeast Third Avenue, Sulte 400 Office Address: Fort Lauderdale

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.

/s/ Osvaldo F. Torres		
(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:	Name and Address:	Title or Capacity:	Name and Address:
Manager	Name: Leo@Carmel GP, Inc.	□Manager	Name:
□Member '	Address: 17501 Biscayne Boulevard	□Member	Address:
□Authorized	Suite 300	□Authorized	
Person	Aventura, Florida 33160	Person	
□Other	□Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□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.

/s/ Stephen L. Veccl	nitto
•	Signature of an authorized person
Stephen L. Vecchitto	
	Typed or printed name of signee

## Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "LEO@CARMEL, 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 FOURTEENTH DAY OF JUNE, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LEO@CARMEL, LLC" WAS FORMED ON THE THIRTY-FIRST DAY OF MAY, A.D. 2024.

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

3810906 8300 SR# 20242880260



Authentication: 203713990

Date: 06-14-24