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TO: Registration Section Division of Corporations

AVE FENIX 109 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:

Jonatan Serricchio Name of Person Space Consulting USA LLC Firm/Company 3530 Mystic Pointe Drive Apt 2403 Address Aventura, Florida, 33180 City/State and Zip Code jonatan@spaceconsultingusa.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jonatan Serricchio 917 5581628 at Daytime Telephone Number Name of Contact Person Area Code Mailing Address: Street Address: **Registration Section Registration Section Division of Corporations Division of Corporations** P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 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

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;

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name unavailable, enter alternate name	adopted for the purpose of transacting business in Flor	ida. The alternate name mu	ist include "Limited L	.iability Company,"	"L.L.C," or
Michigan		30-1317372			
. (Jurisdiction under the law of which foreign limited liability company is organized)		3(FEI number, if applicable)			
07/01/2024					
	(Date first transacted business in Florida, if prior to re (See sections 605.0904 & 605.0905, F.S. to determine	gistration.) : penalty liability)			
1380 E. JEFFERSON AVI	<u>.</u>		FERSON AVE		
DETROIT, MI		DETROIT, I	,		
48207		48207		<i>(</i> 3)	
Name and <u>street address</u> of	Florida registered agent: (P.O. Box	NOT acceptable)		TALLA	2024 JUN 24
Sp Name:	ace Consulting USA LLC			AHASS	
35 Office Address:	30 Mystic Pointe Drive Apt 2403				AM 1: 1
	ventura		33180		56

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.

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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]:

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Title or Capacity:	Name and Address:	<u>Title or Capacity:</u>	Name and Address:
🖥 Manager	Carlos Alfredo Titze Menzel	□Manager	Name:
Member	Address:	Member	Address:
Authorized	Talagante, CP, 967000	Authorized	Talagante, CP, 967000
Person	Región Metropolitana, Chile	Person	Región Metropolitana, Chile
DOther	Other	Other	Other
Manager	Monica Titze Menzel	□Manager	Name:
Member	Address:	□Member	Address:
Authorized	Talagante, CP, 967000	□Authorized	
Person	Región Metropolitana, Chile	Person	
□Other	Other	□Other	Other
Manager	Name:	□Manager	Name:
Member	Address:	□Member	Address:
Authorized		Authorized	
Person		Person	
□Other	Other	□Other	0ther

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 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



This is to Certify That

AVE FENIX 109 LLC

was validly authorized on December 17, 2021, as a Michigan DOMESTIC LIMITED LIABILITY COMPANY and said limited liability company is validly in existence under the laws of this state and has satisfied its annual filing obligations.

This certificate is issued pursuant to the provisions of 1993 PA 23 to attest to the fact that the company is in good standing in Michigan as of this date.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.



Sent by electronic transmission Certificate Number: 24060295505

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 13th day of June , 2024.

Lunda Clegg

Linda Clegg, Director Corporations, Securities & Commercial Licensing Bureau

Verify this certificate at: URL to eCertificate Verification Search http://www.michigan.gov/corpverifycertificate.