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07/01/2024

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a: DW

		Acc#I20160000072			
Amerio Capital Management LLC					
15719	943				
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Thank you!

COVER LETTER

A UBJECT:	merio Capital Management LLC					
Name of Limited Liability Company						
e enclosed "/ istence, and o	Application by Foreign Limited Liability Concert are submitted to register the above r	Company for Authorization to Transact Business in Florida," Certificat referenced foreign limited liability company to transact business in Florida.				
ase return al	l correspondence concerning this matter to	the following:				
	Lindsay Heyen					
		Name of Person				
	McDermott Will & Emery LLP					
		Firm/Company				
	444 West Lake Street, Suite 4000					
		Address				
	Chicago, IL 60606-0029					
	С	ity/State and Zip Code				
	bbrito@mwe.com					
	E-mail address: (to be	used for future annual report notification)				
or further info	ormation concerning this matter, please cal	II:				
Betty Brito		305 347-6538 at ()				
	Name of Contact Person	at () 347-6538 Area Code Daytime Telephone Number				
Mailing Address: Registration Section		Street Address: Registration Section				
Division of Corporations		Division of Corporations				
P.O. Box 6327		The Centre of Tallahassee				
Talla	hassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
Enclo	sed is a check for the following amount:	DADTMENT OF CTATE				
	e make check payable to: FLORIDA DEF 25.00 Filing Fee	e & 🔲 \$155.00 Filing Fee & 🔲 \$160.00 Filing Fee, Certifica				

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Amerio Capital Manage	ement LLC Limited Liability Company; must include "Limited	111 · · · · · ·	A		
(Name of Poteign)	Limited Liability Company; must include Limited	a Liabinty	Company, L.t.C., or Cl.C.)		
If name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Fl	lorida The a	lternate name must include "Limited Liability C	Company," "L.L.C," or "LLC.	
(Jurisdiction under the law of which foreign limited liability company is organized)			93-4503408		
			(FEI number, if ap	(FEI number, if appheable)	
1					
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determine	registration ine penalty) iability)		
220 North Serenata Drive, Unit 623			220 North Serenata Drive, Unit 6		
treet Address of Principal Office)			(Mailing Address)		
Ponte Vedra Beach, FL	. 32082		Ponte Vedra Beach, FL 32082		
		•			
				7024	
7. Name and street addres	cceptable)	(=			
	C T Corporation System			1	
Name:	C 1 Corporation system			- 1	
Office Address:	1200 South Pine Island Road			÷.	
212	Plantation		33324 , Florida	6 0	
	(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.

By: Kathryn A. Widdoes - Assistant Secretary Lethyn A. Wholelow (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: Jeremy K. Mario Name: Jeremy K. Mario Name: ■ Manager □Manager Address: 220 North Serenata Drive Address: 220 North Screnata Drive ■ Member □Member Unit 623 Unit 623 □ Authorized □ Authorized Ponte Vedra Beach, FL 32082 Ponte Vedra Beach, FL 32082 Person Person □Other____ □Other____ □Other_____ Name: _____ Name: ______ □Manager □Manager □Member Address: _____ □Member Address: ☐ Authorized ☐ Authorized Person Person □Other_____ □Other_____ □ Other_____ Other___ Name: ______ Name: ______ □Manager □Manager □Member Address: Address: □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 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/ Patrick McCury
Sign fire of an authorized person Patrick McCurry Typed or printed name of signee

Page 1



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

DELAWARE, DO HEREBY CERTIFY "AMERIO CAPITAL MANAGEMENT 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-EIGHTH DAY OF JUNE, A.D. 2024.

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

Authentication: 203826739

Date: 06-28-24