

M24000011078

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

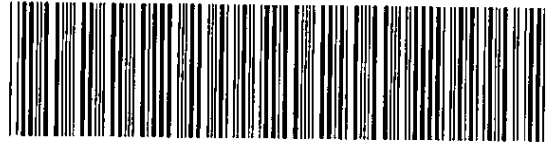
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600433176056

APPROVED  
AND  
FILED

2024 AUG 27 PM 6:44

RECEIVED

2024 AUG 27 PM 2:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AUG 27 2024

K. Brumbley

**CAPITAL CONNECTION, INC.**

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

META 1870, LLC

Please Debit FCA000000003 For: 160

Thank you Seth Neeley



Signature



Requested by:

Name \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Walk-In \_\_\_\_\_ Will Pick Up \_\_\_\_\_

- \_\_\_ Art of Inc. File \_\_\_\_\_
- \_\_\_ LTD Partnership File \_\_\_\_\_
- Foreign Corp. File \_\_\_\_\_
- L.C. File \_\_\_\_\_
- \_\_\_ Fictitious Name File \_\_\_\_\_
- \_\_\_ Trade/Service Mark \_\_\_\_\_
- \_\_\_ Merger File \_\_\_\_\_
- \_\_\_ Art. of Amend. File \_\_\_\_\_
- \_\_\_ RA Resignation \_\_\_\_\_
- \_\_\_ Dissolution / Withdrawal \_\_\_\_\_
- \_\_\_ Annual Report / Reinstatement \_\_\_\_\_
- Cert. Copy \_\_\_\_\_
- \_\_\_ Photo Copy \_\_\_\_\_
- Certificate of Good Standing \_\_\_\_\_
- \_\_\_ Certificate of Status \_\_\_\_\_
- \_\_\_ Certificate of Fictitious Name \_\_\_\_\_
- \_\_\_ Corp Record Search \_\_\_\_\_
- \_\_\_ Officer Search \_\_\_\_\_
- \_\_\_ Fictitious Search \_\_\_\_\_
- \_\_\_ Fictitious Owner Search \_\_\_\_\_
- \_\_\_ Vehicle Search \_\_\_\_\_
- \_\_\_ Driving Record \_\_\_\_\_
- \_\_\_ UCC 1 or 3 File \_\_\_\_\_
- \_\_\_ UCC 11 Search \_\_\_\_\_
- \_\_\_ UCC 11 Retrieval \_\_\_\_\_
- \_\_\_ Courier \_\_\_\_\_

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Meta 1870, 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:

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State and Zip Code

ar@metadevelopment.us  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Andrew Rasken at ( 305 ) 790-5059  
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:

Meta 1870, LLC

1. \_\_\_\_\_  
(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.")  
Delaware

2. \_\_\_\_\_  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. \_\_\_\_\_  
(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)

3390 Mary Street, Suite 270, Miami, FL 33133

3390 Mary Street, Suite 270, Miami, FL 33133

5. \_\_\_\_\_  
(Street Address of Principal Office)

6. \_\_\_\_\_  
(Mailing Address)

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

Name: Andrew Rasken

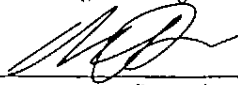
Office Address: 3390 Mary Street, Suite 270

Miami, Florida 33160  
(City) (Zip code)

2024 AUG 27 PM 6:44  
APPROVED  
FILED

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)

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 checked="" type="checkbox"/> Manager | Name: <u>Andrew Rasken</u>                                       | <input checked="" type="checkbox"/> Manager | Name: <u>Bruno Benevides</u>                                     |
| <input type="checkbox"/> Member             | Address: <u>3390 Mary Street,</u><br><u>Suite 270, Miami, FL</u> | <input type="checkbox"/> Member             | Address: <u>3390 Mary Street,</u><br><u>Suite 270, Miami, FL</u> |
| <input type="checkbox"/> Authorized         | <u>33133</u>                                                     | <input type="checkbox"/> Authorized         | <u>33133</u>                                                     |
| 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 _____                             |
| <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

Andrew Rasken

\_\_\_\_\_  
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 "META 1870, 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-SIXTH DAY OF AUGUST, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "META 1870, LLC" WAS FORMED ON THE EIGHTEENTH DAY OF JUNE, A.D. 2024.

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



3974770 8300

SR# 20243512586

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 in a small font.

Authentication: 204241331

Date: 08-26-24