M24000013900

(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:						

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007 3 6 2024 K. Brumble



Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com



ORDER FORM

TO Florida Department of State

FROM

Melissa Moreau

The Centre of Tallahassee 2415 North Monroe Street, Suite 810

Tallahassee, FL 32303

850.656.7953

corphelp@dos.myflorida.com

850-245-6051

REQUEST DATE 10/31/2024

PRIORITY Regular Approval

OUR REF.# (Order ID#) 1306350

ORDER ENTITY SURAYA, LLC

PLEASE PERFORM THE FOLLOWING SERVICES:	
SURAYA, LLC (FL)	

File the attached foreign qualification document

NOTES:		_	 _	_	
\$125.00 Authorized					

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Thursday, October 31, 2024 Page 1 of 1

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:

	- · · · · · · · -	HELE. THE	alternate name must include "Limited Liabili			
Delaware		3.	47-3543540			
(furtisdiction under the law of which foreign limited liability company is organized)			3. (FEI number, if applicable)			
May 12, 2015						
	(Date first transacted business in Florida, if prior to a (See sections 605.0904 & 605.0905, F.S. to determine	registration no penalty	i.) lability)			
Brandywine Plaza			Charles Bisson House			
treet Address of Principal Office)		6.	(Mailing Address)			
1521 Concord Pike Sui	te 201		2nd Floor, 30-32 New Street	~ .a		
Wilmington, Delaware	19803		St Helier Jersey JE2 3RA	\$5 UP		
Name and street address	s of Florida registered agent: (P.O. Box	NOT :	acceptable)	TAKE OF		
Name:	Robert A. Cooper, Esq.			2 S		
Office Address:	2400 First Street Suite 300					
	Fort Myers		33901 Florida			

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.

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: Carlos Vieira	Manager	Name: James Michel
☐ Member	Charles Bisson House 2nd FL Address:	□Member	Address: Charles Bisson House 2nd FL
□Authorized	30-32 New Street	□Authorized	30-32 New Street
Person	St. Helier Jersey JE2 3RA	Person	St. Helier Jersey JE2 3RA
□Other	□Other	□ Other	Other
■ Manager	Name: Giles Edwards	∐Manager	Name: Paul Sinel
☐ Membe r	Charles Bisson House 2nd FL Address:	☐ Member	Address: Charles Bisson House 2nd FL
□Authorized	30-32 New Street	☐ Authorized	30-32 New Street
Person	St. Helier Jersey JE2 3RA	Person	St. Helier Jersey JE2 3RA
□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.

Signature of an authorized person

CHES FOWARDS

CARIOS VIEIRA

Page 1

Delaware

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAMARE, DO HEREBY CERTIFY "SURAYA 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 SECOND DAY OF OCTOBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SURAYA LLC" WAS FORMED ON THE SIXTEENTH DAY OF MARCH, A.D. 2015.

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

Authentication: 204537015

Date: 10-02-24

5710470 8300 5R# 20243847023

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