1/24000015062

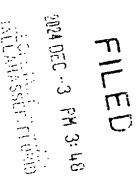
| (Requestor's Name) | | | | |
|---|--|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Office Use Only

K. SALY DEC - 4 2024



000439550460



12/03/24--01001--021 **125.00

2024 DEC +3 PH 1: 45

CORPORATE ACCESS,

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

| | | PICK UP: | JENA 12/3 |
|-----|-------|---|-------------|
| | | CERTIFIED COPY | |
| | XX | РНОТОСОРУ | |
| | | CUS | |
| | XX | FILING | FOREIGN LLC |
| 1. | | APETURA FUND I, LLC (CORPORATE NAME AND DOCUMEN | T(#) |
| 2. | | | |
| | • | (CORPORATE NAME AND DOCUMEN | T1 #) |
| 3. | | (CORPORATE NAME AND DOCUMEN | 71. H. |
| 4. | | (CORPORATE NAME, AND DOCUMEN | 1 #) |
| | | (CORPORATE NAME AND DOCUMEN | Tr #) |
| 5. | , | (CORPORATE NAME AND DOCUMEN | ''l` #\ |
| _ | | COMPANY AND AND TWO COMES | • •• |
| 6. | , | (CORPORATE NAME AND DOCUMEN | Tl #) |
| SPE | ECIAI | L INSTRUCTIONS: | |
| | | | |
| | | | |

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILI

COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Apertura Fund I, 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. L. C," of "L.L.C.") 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) 407 Lincoln Road, Suite 9F 407 Lincoln Road, Suite 9F (Street Address of Principal Office) Miami Beach, CA 33139 Miami Beach, CA 33139 7. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable) Registered Agent Solutions, Inc. Name: 2894 Remington Green Ln., Stc. A Office Address: Tallahassee , Florida (City)

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 agr 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.

Brian Smith, Asst. Secretary of Registered Agent Solutions, Inc.

(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

| itle or Capacity: | Name and Address: Apertura Management, LLC | Title or Capacity: | Name and Address: Alexander Jacob Farkas Name: |
|-------------------|---|-----------------------|--|
| Manager Member | 407 Lincoln Road, Suite 9F | □ Manager □ Member | 407 Lincoln Road, Suite 9F Address: |
| Authorized | Miami Beach, Florida 33139 | ■ Authorized | Miami Beach, Florida 3313 |
| Person | | Person | |
| Other | Other | □ Other | □Other |
|]Manager | Name: | □Manager | Name: |
|]Member | Address: | □Member | Address: |
| Authorized | | □Authorized | |
| Person | | Person | 3 7 |
| Other | | Other | · · · · · · · · · · · · · · · · · · · |
| lManager | Name: | □Manager | Name: |
|]Member | Address: | □Member | Address: |
| Authorized | | □Authorized | |
| Person | | Person | |
| Other | □Other | □Other | Other |

- 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 Alexander Jacob Farkas

Type if or printed upone of summe

Page 1



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

DELAWARE, DO HEREBY CERTIFY "APERTURA FUND I, 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 THIRD DAY OF DECEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "APERTURA FUND I,

LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF NOVEMBER, A.D. 2024.

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





Authentication: 205011652

Date: 12-03-24