# M24000015143

(Requestor's	s Name)			
(Address)				
(Address)				
(City/State/Z	(ip/Phone #)			
PICK-UP V	VAIT MAIL			
(Business E	ntity Name)			
(Document Number)				
Certified Copies Ce	ertificates of Status			
Special Instructions to Filing Officer.				
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Office Use Only



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K. Brumbley

#### Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

850-245-6051

## incserv

#### **ORDER FORM**

TO Florida Department of State

The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com

FROM Melissa Moreau mmoreau@incserv.com 850.656.7953

REQUEST DATE 12/4/2024 PRIORITY Regular Approval OUR REF # (Order ID#) 1327135

ORDER ENTITY

DOZEN ESTATE LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

DOZEN ESTATE LLC (FL)

File the attached foreign qualification documentand provide a certified copy and certificate of status.

NOTES: \$160.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:
ACCOUNT NUMBER: I20050000052

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 couner package if applicable. For UCC orders, please include the thru date on the results.

#### COVERLETTER

	Registration Section Division of Corporations			
SUBJEC	Dozen Estate LLC			
, (, 13, 1.x.		ne of Limited Liability Company		
		Company for Authorization to Transact Business in Florida," Certificate o referenced foreign limited liability company to transact business in Florid		
Please re	turn all correspondence concerning this matter	to the following:		
	Mariana Martinez			
		Name of Person		
	Gaius			
		Firm/Company		
Av. Luis Alberto d Herrera 1248, WTC III, office 258 (11300)				
		Address		
	Montevideo, Uruguay			
	(	City/State and Zip Code		
	radiv@incserv.com.			
	E-mail address: (to b	e used for future annual report notification)		
For furth	er information concerning this matter, please ea	all:		
	Name of Contact Person	at ()		
	Mailing Address: Registration Section	Street Address: 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 DE  \$\Bigsir \\$125.00 \text{ Filing Fee} \Bigsir \\$130.00 \text{ Filing Fe}  Certificate	ee & 🔲 \$155.00 Filing Fee & 🗏 \$160.00 Filing Fee, Certificate		

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

IN COMPLIANCE WITH SECTION (05:000), FLORIDA STATUTEN, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY.
COMPANY TO TRANSACT BUSINESS. IN THE STATE OF FLORIDA:

If name unavailable, enter alternate	name adopted for the purpose of transacting business in Flor	nda. The alternate name imist include "Linuted Liab	ility Company," "L.E.C."	or "LLC")
Delaware		2		
(Jurisdiction under the law of w	high foreign limited liability company is organized)	3. (I El number.	, if applicable)	
ı				
	(Date first transacted business in Florida, if prior to re (See sections 605-0904 & 605-0905, F.S. to determine	gistration ) e penalty liability)		
2590 Davie Road, Sui		2590 Davie Road, Suite 4		
Street Address of Principal Office)		6. (Mailing Address)		
Davie, FL 33317		Davie, FL 33317		
			2	
			D2	
7. Name and <u>street addre</u>	ss of Florida registered agent: (P.O. Box	<u>NOT</u> acceptable)	DZ4 DEC -I	一 そで
7. Name and <u>street addre</u> Name:	ss of Florida registered agent: (P.O. Box Incorporating Services, Ltd.	<u>NOT</u> acceptable)	DZ4 DEC -4 AP Jechel Taly of July 1857 Stell	APPROVE
	_ ,	<u>NOT</u> acceptable)	DZ4 DEC -4 AMII: 38 .ecs: Taly at 814 at .ali memori at 11 at	APPROVED AND FILED
Name:	Incorporating Services, Ltd.	32301	DZ4 DEC -4 AM II: 38  SCORTANY OF SIAM  ALL MRASSEL FIRE  TO A STANKE TO THE	APPROVEU ANO FILED
Name:	Incorporating Services, Ltd.  1540 Glenway Drive		DZ4 DEC -4 AM II: 38 SCORCTALY OF SIAM ALL ARASSI (LELIA)	AFFROVED FILED

(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): Name and Address: Title or Capacity: Title or Capacity: Name and Address: Name: Ariana Garfunkel Name: Berkwell Cap LLC □ Manager ■Manager 1201 N Orange St. 1201 N Orange St. Address: Address: Member . ☐ Member Suite 700 #7352 Suite 700 #7352 □ Authorized []Anthorized Wilmington, Delaware, 19801-1186. Wilmington, Delaware, 19801-1186. Person Person Other\_ □ Other\_\_\_\_\_ Other\_\_ Other\_\_\_ ☐ Manager Name: \_\_\_ Name: \_\_\_ Address: \_\_\_\_\_ ☐ Member Address: \_\_\_\_\_ Authorized □ Authorized Person Person Other\_\_\_ □Other\_\_\_ □Other\_\_\_\_\_ Other\_ Name: \_\_\_\_ □Manager Name: \_\_\_ ☐ Manager Address: \_\_\_\_ ☐ Member Address: □Member □ Authorized □ Authorized Person Person □Other\_\_\_\_ Other\_\_\_\_ □Other\_\_ O0ther\_\_\_\_\_ 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 out 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 \$.817.155, F.S. Superure of an authorized person Ariana Garfunkel

Page 1

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "DOZEN ESTATE 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 FOURTH DAY OF DECEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DOZEN ESTATE LLC" WAS FORMED ON THE SIXTEENTH DAY OF DECEMBER, A.D. 2022.

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

Authentication: 205027944

Date: 12-04-24

7193464 8300 SR# 20244383259