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#### COVER LETTER

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TO:	Registratio Division of	n Section Corporations					
SUBJ	ECT:		Autob	uses Ejecutivos, LL	.C		
SUBJECT: Autobuses Ejecutivos, LLC  Name of Limited Liability Company							
						siness in Florida," Certificate of y to transact business in Florida	
Please	return all corr	espondence conce	rning this matter to the	following:			
			Sergu	ei Puertas Mata			
			N	ame of Person			
	Firm/Company						
	235 SW 32nd Ave.						
				Address			
	Miami  City/State and Zip Code						
	sergueipm@gmail.com  E-mail address: (to be used for future annual report notification)						
For fu	rther informati		matter, please call:	a tor tatare aminar tep	ore notification)		
		Serguei Pu	ertas Mata	at ( 786 )	439-9847		
		Name of Cor	ntact Person	Area Code	Daytime Tele	phone Number	
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			Street Address: Registration Section Division of Corporate Centre of Tal	orations Iahassee	210	
				2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
		a check for the fol check payable to	llowing amount: : FLORIDA DEPART	TMENT OF STATE			
	Filing Fe	e	☐ Filing Fee & Certificate of Status	□Filing Fee Certified Co		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:

I		Autobuses E Limited Liability Company: must include "Limited	jecuti	vos, LLC	
	(Name of Foreign	Limited Liability Company: must include "Limited	J Liability	Company," "L.L.C.," or "LLC.")	
(If name	e unavailable, enter alternate r	name adopted for the purpose of transacting business in Fl.	orida. The	alternate name must include "Limited Liability	Company," "L.L.C," or "LLC.
2. <u>T</u>	EXAS urisdiction under the law of w	Bich foreign limited liability company is organized)	3.	16-1657206 (F11 number, if:	applicable)
л <b>1</b>	11/01/2024				
**. <u>_</u>	110112024	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determi	registration ne penalty	.) liabílity)	-
5. <u>1</u> (Street :	1101 NW 22nd Av Address of Principal Office)	ve.	6.	235 SW 32nd Ave.	
!	Miami, FL 33125			Miami, FL 33135	
	USA			USA	
7. Na	ame and <u>street addres</u>	ss of Florida registered agent: (P.O. Box	<u>NOT</u> a	ecceptable)	TOWNSON
	Name:	Mario R. Pedraza			N N N
	Office Address:	1101 NW 22nd Ave.			MIO: 59
		Miami		. Florida <b>33125</b>	_
		(Cny)		(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.



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: Mario R. Pedraza	■Manager	Name: Liliana Aguilar
□Member	Address: 1101 NW 22nd Ave.	□Member	Address: 1101 NW 22nd Ave.
□Authorized	Miami, FL 33125	□Authorized	Miami, FL 33125
Person	USA	Person	USA
□Other	Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	2024 SECR TAL
Other	Other	□Other	Dother T
□Manager □Member	Name:	□Manager □Member	Name: 77 59 Address:
□Authorized		□Authorized	
Person		Person	
□Other	Other	□Cther	Other
indexed individuals  9. Attached is a cert jurisdiction under th of the translator mus  10. This documen	nt is executed in accordance with section 60 nent to the Department of State constitutes a	r Florida Department of Star old, duly authenticated by thicate is in a foreign language (5.0203 (1) (b), Florida State	te Annual Report form.  the official having custody of records in the eta, a translation of the certificate under oath cutes. I am aware that any false information

Mario R. Pedraza
Typed or printed name of signee

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Jane Nelson Secretary of State

### Office of the Secretary of State

#### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles of Organization for AUTOBUSES EJECUTIVOS L.L.C. (file number 800100144), a Domestic Limited Liability Company (LLC), was filed in this office on July 05, 2002.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on September 18, 2024.



gave Helson

Jane Nelson Secretary of State

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Phone: (512) 463-5555
Prepared by: SOS-WEB

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