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please contact Cheyanne at
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Date:_	12/26/2024	
Name:	Cheyanne Davis	
Refere	ence #: 2601752	-
Entity I	Name: ETERNAL N	IARADONA LLC
	Articles of Incorporation/Authorization	
	Amendment	
	Change of Agent	
	Reinstatement	
	Conversion	
	Merger	
	Dissolution/Withdrawal	
	Fictitious Name	
✓	OtherPLEASE INC	LUDE CC UPON FILING
Authori	ized Amount: \$155.00	
Signati	ure: Unyme Paine	

COVER LETTER

TO:

Registration Section

Divisio	n of Corporations			
SUBJECT:	Eternal Maradona LLC			
	Name of Limited Liability Company			
	pplication by Foreign Limited Liability Company for Authorization to Transact Business in Florida," C heck are submitted to register the above referenced foreign limited liability company to transact busines			
Please return all	correspondence concerning this matter to the following:			
	Andrea Chiovari-Kaplan			
	Name of Person			
	Seward & Kissel LLP			
	Firm/Company			
	One Battery Park Plaza			
	Address		**************************************	
	New York NY 10004		A service	
	City/State and Zip Code		17	
	md@voltaglobal.com			
	E-mail address: (to be used for future annual report notification)	4: 30		
For further infor	nation concerning this matter, please call: at (
	Name of Contact Person Area Code Daytime Telephone Number			
Divisio Registra P.O. Bo	ING ADDRESS:STREET ADDRESS:n of CorporationsDivision of Corporationsation SectionRegistration Sectionox 6327Clifton Buildingssee, FL 323142661 Executive Center CircleTallahassee, FL 32301			
Please i	ed is a check for the following amount: make check payable to: FLORIDA DEPARTMENT OF STATE 25.00 Filing Fee Status S130.00 Filing Fee & S160.00 Filing Fee & S160.00 Filing Fee & Certificate of Status Certified Copy of Status & Certificate Status			

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:

ı		Eter	nal Marado	na LLC					
··-	(Name of Foreign Limi	ted Liability Company; must	include "Limited L	liability Comp	oany," "L.L C.,"	or "LLC.")			
tlf name	smavnilable, enter alternate name a	dopted for the purpose of transacti	ng business in Florida	The alternate r	iame must include	"Limited Liability Co	ompany," "L. L. (; or "LLC	: "ı
		laware	•						
2. <u>()</u>	ursdiction under the law of which to		organized)	3		(FEI number, if ap	plicablei		
		upo	n filing						
4. —		(Date first transacted business in (See sections 605 0904 & 605 09	_	istration) penalty hability)			-		
5	2601 South Ba	yshore Drive		6.	2601 So	uth Baysho	ore Drive		
5	(Street Address of Princip	_	6		Mailing Address)				
17th Floor				17th Floor					
	Miami, FL	33133			Mia	ımi, FL 33	133	2024 DEC	
7. Na	nme and <u>street address</u> of	Florida registered agen	t: (P.O. Box <u>Y</u>	NOT accept	able)			EC 26	ic for
Name: Office Address:		Cogency	Global Inc.		_		E SIN	PM 4: 30	
		115 North Call	noun St. Suite	4	_		: [rri	30	
		Tallah	nassee		_ , Florida	32301			
			(City)		_ ,	(Zip code)	-		

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.

/s/ Ashley Cepin, Asst. Secretary	
(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]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Hawkshead LLC Marko Dimitrijevic Manager Name: Manager Manager Name: Addres 2.601 South Bayshore Driye 2601 South Bayshore Drive Member ☐ Member 17th Floor 17th Floor ⊼] Authorized Authorized Miami, FL 33133 Miami, FL 33133 Person Person ☑Other_Managing Mmbr Other Other Other Manager Name: | | Manager Name: Member ∐ Member Address: Authorized Authorized Person Person Other____ \square Other_ Other_ Manager Name: Member Address: _ 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. 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 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

Marko Dimitrijevic

Typed or printed name of signee

Page 1



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

DELAWARE, DO HEREBY CERTIFY "ETERNAL MARADONA 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 DECEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ETERNAL MARADONA LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF DECEMBER, A.D. 2024.

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

Authentication: 205228423

Date: 12-26-24