

M2S 0000000039

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

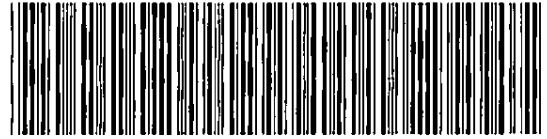
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W24000153261

Office Use Only



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10/25/24--01022--011 **130.00

STATE DEPT OF STATE
TALLAHASSEE, FL
2024 DEC -6 PM 2:04

FILED

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:

1. CDMA AEROSPACE LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

CDMA AEROSPACE US 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." or "LLC.")

2. DELAWARE (Jurisdiction under the law of which foreign limited liability company is organized)
3. 33-1398876 (FEI number, if applicable)

4. (Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1111B SOUTH GOVERNORS AVENUE (Street Address of Principal Office)
DOVER - DELAWARE 19904
6. 11857 SW 8TH CT (Mailing Address)
DAVIE FL 33325

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: LILIAN C LARREA
Office Address: 11857 SW 8TH CT
DAVIE FLORIDA 33325
(City) (Zip code)

FILED
2024 DEC - 6 PM 2: 04
SECRETARY OF STATE
TALLAHASSEE, FL

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.

Lilian C Larrea

(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:**

Manager Name: Rinaldo Messias de Souza E Silva

Member Address: 271 SW Palm Dr Apt 201

Authorized Port Saint Lucie FL 34986

Person _____

Other _____ Other _____

Manager Name: Ronaldo Elmer Vera Palomino

Member Address: 2305 SE Walton Lakes Dr.

Authorized Port Saint Lucie FL 34952

Person _____

Other _____ Other _____

Manager Name: A. Samir Moreno

Member Address: 11857 SW 8TH CT

Authorized Davie FL 33325

Person _____

Other _____ Other _____

Title or Capacity: **Name and Address:**

Manager Name: Althea Holdings LLC

Member Address: 11857 SW 8TH CT

Authorized Davie FL 33325

Person _____

Other _____ Other _____

Manager Name: Rinaldo Messias De Souza JR

Member Address: 271 SW Palm Dr Apt 201

Authorized Port saint Lucie FL 33325

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

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.

Samir Moreno

Signature of an authorized person

ALVARO S MORENO

Typed or printed name of signee

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CDMA AEROSPACE 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 FIFTEENTH DAY OF OCTOBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CDMA AEROSPACE LLC" WAS FORMED ON THE SEVENTH DAY OF OCTOBER, A.D. 2024.

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



5416206 8300

SR# 20243949185

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

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 204631767

Date: 10-15-24



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 14, 2024

LILIAN LARREA
11857 SW 8TH CT
DAVIE, FL 33325 US

SUBJECT: CDMA AEROSPACE LLC
Ref. Number: W24000153261

We have received your document for CDMA AEROSPACE LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Corey Pettway
Regulatory Specialist II

RECEIVED

DEC 06 2024

Letter Number: 624A00024910