

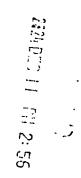
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T. LEMIEUX JAN 09 2025

## COVER LETTER

Registration Section

TO:

CT:Nam	e of Limited Liability Company		
nclosed "Application by Foreign Limited Liability	Company for Authorization to Transact Business in Florida." Cereferenced foreign limited liability company to transact business		
return all correspondence concerning this matter (	to the following:		
ALINE DARMOUNI			
	Name of Person		
ORCOM US MIAMLING			
	Firm/Company		
1200 BRICKELL AVE SUITE 1960			
<del></del>	Address		
MIAMI FL 33131			
	Tity/State and Zip Code		
office@orcomus.com			
E-mail address: (to be	e used for future annual report notification)		
rther information concerning this matter, please ca	11:		
ALINE DARMOUNI	305 6004405		
Name of Contact Person	at () Area Code Daytime Telephone Number		
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 DEB  □ \$125.00 Filing Fee □ \$130.00 Filing Fe  Certificate of	e & 🔲 \$155.00 Filing Fee & 🔲 \$160.00 Filing Fee, Cert		

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

IN COMPLIANCE WITH SECTION 605.6002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Of name and all this enter theretter	name adopted for the purpose of transacting business in Florida.	The	ulternate wome most inc	este "Lunited Liability Compa	ny " "L. L. C." or "L.
NEVADA				(EIN)	
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	٠,٠		(FEI number, if applicab	le)
12/03/2024					
	(Date first transacted business in Florida, if prior to regist (See sections 605,0904 & 605,0905, U.S. to determine pe	ration nalty	i liability)		
1200 BRICKELL AVE  5		6. (Mailing Address)			
Street Address of Principal Office)		٠/٠ ,	(Mailing Addres	·)	53
SUITE 1960		_	SUITE 1960		i - j
MIAMI FL 33131			MIAMI FL 3313	31	·, · · · ·
7. Name and street address	<u>s</u> of Florida registered agent: (P.O. Box <u>NC</u>	<u>)T</u> a	ecceptable)		]
Name:	ORCOM CORPORATE SERVICES LLC				σ̈́
Office Address:	1200 BRICKELL AVE SUITE 1960				
	MIAMI		Florida _	33131	

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.

(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):

itle or Capacity:	Name and Address:	Title or Capacit	v: Name and Address:
■Manager	Name: DEC TRUST LLC	■Manager	Name: DEC PATRIMOINE SAS
Member	Address: 5815 NORTH BAY ROAD	■Member	Address:
Authorized	MIAMI BEACH, FL 33140	□Authorized	166 RUE DU FG SAINT HONOR
Person		Person	75008 PARIS - FRANCE
Other	Other	□Other	
Manager	Name:	□Manager	Name:
lMember	Address:	□Member	Address:
Authorized		□Authorized	
Person		Person	
]Other	□Other	□Other	Other
Manager	Name:	□Manager	Name:
Member	Address:	□Member	Address:
Authorized		□Authorized	
Person		Person	<del></del>
Other	□Other	Other	Other

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

SECRETARY OF STATE



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence **DAVCO CAPITAL LLC** as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized or formed and existing, or duly qualified or registered, as applicable, under and by virtue of the laws of the State of Nevada since 11/11/2019, and in good standing in this State.

I further certify that the above DOMESTIC LIMITED-LIABILITY COMPANY (86) has its formation or qualification document and no amendments on file in this office as of the date of this certificate.



Certificate Number: B202412045236114

You may verify this certificate

online at https://www.nvsilverflume.gov/home

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of this State, at my office on 12/04/2024.

FRANCISCO V. AGUILAR Secretary of State