

M25000001082

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

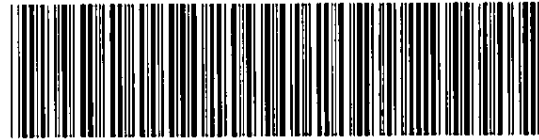
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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JAN 25 2025

K. Brumbley

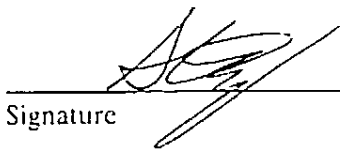
CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

FUERAZ HOLDINGS NO. 04 LLC

Please Debit FCA000000003 For: 125

Thank you Seth Neeley


Signature

Requested by:

Name _____ Date _____ Time _____

Walk-In _____ Will Pick Up _____

17 • Pender's Printing • Tallahassee, FL 32301

- _____ Art of Inc. File _____
- _____ LTD Partnership File _____
- ☒ Foreign Corp. File _____
- ☒ L.C. File _____
- _____ Fictitious Name File _____
- _____ Trade/Service Mark _____
- _____ Merger File _____
- _____ Art. of Amend. File _____
- _____ RA Resignation _____
- _____ Dissolution / Withdrawal _____
- _____ Annual Report / Reinstatement _____
- _____ Cert. Copy _____
- _____ Photo Copy _____
- _____ Certificate of Good Standing _____
- _____ Certificate of Status _____
- _____ Certificate of Fictitious Name _____
- _____ Corp Record Search _____
- _____ Officer Search _____
- _____ Fictitious Search _____
- _____ Fictitious Owner Search _____
- _____ Vehicle Search _____
- _____ Driving Record _____
- _____ UCC 1 or 3 File _____
- _____ UCC 11 Search _____
- _____ UCC 11 Retrieval _____
- _____ Courier _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FUERZA HOLDINGS NO. 04 LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

LUIS MERCHAN

Name of Person

Firm/Company

7685 Pines Blvd

Address

Pembroke Pines FL 33024

City/State and Zip Code

merchan.luis@icloud.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LUIS MERCHAN

at (

917

2321610

)

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 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:

1. FUERZA HOLDINGS NO. 04 LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "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. 33-1998755

(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. 7685 Pines Blvd

(Street Address of Principal Office)

6. 7685 Pines Blvd

(Mailing Address)

Pembroke Pines FL 33024

Pembroke Pines FL 33024

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

Name: LUIS MERCHAN

Office Address: 7685 Pines Blvd

Pembroke Pines

(City)

33024
, Florida

(Zip code)

APPROVED
AND
FILED
2025 JAN 24 AM 11:43
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF
DADE, FLORIDA

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.

Luis Merchan

(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: LUIS MERCHAN

☒ Member Address: 2112 Alton Rd

☐ Authorized Miami Beach, FL 33140, USA

Person _____

☐ Other _____ ☐ Other _____

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

☐ Manager Name: RYAN COOPER

☒ Member Address: 4008 W 101st Ter

☐ Authorized Overland Park, KS 66207

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: AMY GALLAWA

☒ Member Address: 5219 NW 92nd Terrace

☐ Authorized Kansas City, MO 64154

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: INNERBLOOM VENTURES LLC

☒ Member Address: 1020 Meridian Ave, APT 715

☐ Authorized Miami Beach, FL 33139

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: DANIEL BENEDINI

☒ Member Address: 3301 NE 5th Ave Apt 211

☐ Authorized Miami FL 33137

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: TEAM PALMER INVESTMENTS INC

☒ Member Address: 4810 Sabero Ln

☐ Authorized League City, TX 77573

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.

Luis Merchan

Signature of an authorized person

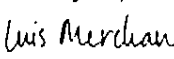
 LUIS MERCHAN

 Typed or printed name of signer

FUERZA HOLDINGS NO. 04 LLC (8. Continued)

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}:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>BLUEJAY GROWTH CAPITAL LLC</u>	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>110 N Federal Hwy. APT 818</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Fort Lauderdale, FL 33301</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>ARZA LLC</u>	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>780 Bayside Ln</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Weston, FL 33326</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>LS INVESTMENTS AND CONSULTING, LLC</u>	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>3550 SW 120th Street #518</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Miami FL 33186</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

DocuSigned by:

 A864C41AA1924F2

Luis Merchan

Delaware

The First State

Page 1

I, KRISTOPHER E. KNIGHT, ACTING SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FUERZA HOLDINGS NO. 04 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-SECOND DAY OF JANUARY, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FUERZA HOLDINGS NO. 04 LLC" WAS FORMED ON THE THIRTEENTH DAY OF NOVEMBER, A.D. 2024.

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



10005365 8300

SR# 20250215107

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

A stylized handwritten signature in black ink, consisting of a large 'K' followed by a series of loops and a final 'B'.

Kristopher E. Knight, Acting Secretary of State

Authentication: 202751969

Date: 01-22-25