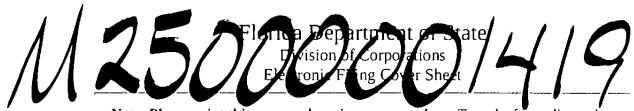
1/29/2025 10:14:52 PST, To: 18506176383 Page: 1/4 Fax: 8134365206



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I2009000081 Phone : (307)200-2803 Fax Number : (813)436-5206

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

### **Foreign Limited Liability Company** Logro Capital LLC

Certificate of Status	0
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K. SALY

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

IN COMPLIANCE WITH SECTION 615.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

mited Liability Company; must include "Limite	I Liability Con	opany," "L.L.C.," or "ELC.")		
no adopted for the purpose of transaction business in F	orida. The altern	ate name outstinelade "Lamited Labi)	aty Company ""LLC " or "L	10"
as anythod for the purpose of transacting interaction in the			ny Congrant Lanc, or i	,
2. Wyoming  Oursdiction under the law of which foreign limited hability company is organized)				
(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determine	registration.) ne penalty habili	131	<del></del>	
7901 4th St N STE 300 5. (Street Address of Principal Other)		1 4th St N STE 300		
		(Mailing Address)		
	St. í	Petersburg FL 33702		
			£425	
of Florida registered agent: (P.O. Box	NOT accep	otable)	171	7
			7° €	,
Registered Agents Inc			92	ILE
		_	1	
7901 4th St N STE 300		_	== 2	
St. Petersburg		33702	-, 10	
· · · · - <b> · · ·</b>		, Florida		
	the adopted for the purpose of transacting business in Florida, if prior to (Nee sections 605 0904 & 605 0905, F.S. to determine	(Date first transacted business in Florida, if prior to registration.)  (Date first transacted business in Florida, if prior to registration.)  (Nee sections 605 0904 & 605 0945, F.S. to determine penalty habitions of Florida registered agent: (P.O. Box. NOT acceptions agents Inc.)	(Date list transacted business in Florida, if prior to registration.) (See sections 605 0904 & 605 0945, E.S. to determine penalty liability)  6. 7901 4th St N STE 300  St. Petersburg FL 33702  Registered Agents Inc.	(Date first transacted business in Florida, if prior to registration.)  (Date first transacted business in Florida, if prior to registration.)  (Size sections 6df 1994 x 605 (PAIS, E.S. to determine penalty hability)  6. 7901 4th St N STE 300  (Mailing Address)  St. Petersburg FL 33702  Registered Agents Inc.

#### 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.

Don't Poplace		
	(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	<u>y:</u>	Name and Address:
□Manager	Name: Logrono, Carlos	□Manager	Name:	
⊠Member	Address: 7901 4th St N STE 300	□Member	Address:	
□Authorized	St. Petersburg FL 33702	□Authorized		
Person		Person		
□Other	Other	Other		□ Other
□Manager	Name:	□Munager	Name:	228
□Member	Address:	□Member	Address:	7
□Authorized		□Authorized		220 A
Person	· · · · · · · · · · · · · · · · · · ·	Person		P
Other	Other	Other		Other 2
⊔Manager	Name:	∐Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
Other	Other	Other	· <del></del>	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.

Rotin	your	
	<del>-//</del>	Signature of an authorized person
Robin	Jones	
		Typed or printed name of signee

# STATE OF WYOMING Office of the Secretary of State

I, CHUCK GRAY, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office,

### **Logro Capital LLC**

is a

### **Limited Liability Company**

formed or qualified under the laws of Wyoming did on October 23, 2024, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number 2024-001542890.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 27th day of January, 2025 at 1:56 PM. This certificate is assigned ID Number 081284129.

Secretary of State

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Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website https://wyobiz.wyo.gov and following the instructions displayed under Validate Certificate.