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Foreign Limited Liability Company HandCloud, LLC

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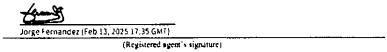
APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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:

I. HandCloud, LLC			W 1 & W A W	
(Name of Foreign HandCloud, LLC	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 Fl	wida. The alternate name	must include "Limited Liability Com	pany," "L.L.C," or "L.L.C."
Texas		3012500	17	
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	<u> </u>	(FEI number, if applie	able)
4				
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determine	egistration.) ne penalty liability)		
7971 Riviera Blvd.		7971 Rivi		
(Street Address of Principal Office)		(Mailin	g Address)	
Ste. 204		Ste. 204		2
Miramar, FL, 33023		Miramar,	FL, 33023	50
7 Name and street address	ss of Florida registered agent: (P.O. Box	NOT acceptable)		9
7. Parite and greet address	52 OF FINALL PEGISION WEEK. (F.O. DON	<u>o.r_</u> uccepnoore)		0.00
	EZCompliance			:: :5
Name:				Ö
Office Address:	7971 Riviera Blvd. Ste 204			
	Miramar	. FI	33023 orida	
	(City)		orida(Zip code)	

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.



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:
■Manager	Name: Fernando Guerrero Cerda	■Manager	Name: Carlos Gabriel Jimenez Martinez
□Member	Address: Calle Paseo Cartagena 202,	□Member	Address: Calle Paseo Cartagena 202,
□Authorized	Col. Rinconada colonial, Apodaca,	□Authorized	Col. Rinconada colonial, Apodaca,
Person	Nuevo Leon, 66606, MX	Person	Nuevo Leon, 66606, MX
Other	Other	Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
Other	Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
Other		□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.

<u>* </u>		
arlos Amerika (Fieb 20, 2025 09 32 ÇS1)		
	Signature of an authorized person	
	Typed or printed name of signee	

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Jane Nelson Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for HandCloud, LLC (file number 803740214), a Domestic Limited Liability Company (LLC), was filed in this office on August 27, 2020.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on February 12, 2025.



Phone: (512) 463-5555

Prepared by: SOS-WEB

Jane Nelson Secretary of State

Fax: (512) 463-5709 TID: 10264

Dial: 7-1-1 for Relay Services Document: 1451585540003