2/21/25, 10:10 AM

Division of Corporations

# Florida Department of State

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.

(((H25000066728 3)))



H250000667283ABC3

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MIAMI LEGAL, P.A. Account Number : I20240000139

: (305)668-6449 Phone Fax Number : (305)668-6559

\*\*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 El Sol Capital Partners, LLC

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$130.00

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K. Brumbley

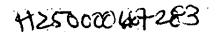
From: Terry Martinez-Moran

2-21-25 10:42am p. 6 of 9

H25000064728?

#### **COVER LETTER**

TO:	Registration Section Division of Corporations					
SHRIF		Delaware limited liability company				
SUBJECT:Name of Limited Liability Company						
The enc Existence	losed "Application by Foreign Limited ce, and check are submitted to register t	Liability Company for Authorization to Transact Business in Florida," Certificate of the above referenced foreign limited liability company to transact business in Florida.				
Please r	eturn all correspondence concerning the	is matter to the following:				
	Bridgette Alvarez, Esq.					
		Name of Person				
	Miami Legal, P.A.					
		Firm/Company				
	350 Sevilla Avenue, Second	Floor				
		Address				
	Coral Gables, FL 33134					
	<del></del>	City/State and Zip Code				
	Bryan@miamilegalpa.com					
	E-mail add	ress: (to be used for future annual report notification)				
For furt	her information concerning this matter,	please call:				
Bridgette Alvarez		305 668-6449				
	Name of Contact Per					
Mailing Address: Registration Section		Street Address: Registration Section				
Division of Corporations		Division of Corporations				
P.O. Box 6327		The Centre of Tallahassee				
	Tallahassec, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
	_	amount:  IDA DEPARTMENT OF STATE  Filing Fee & Status Certified Copy of Status & Certified Copy				



### H250000667283

#### 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:

El Sol Capital Partners, LLC

	ame adopted for the purpose of transacting business in Flo		
elware		33-1344880 3.	
urisdiction under the Isw of w	hich foreign limited liability company is organized)		(FEI number, if applicable)
	(Date first transacted business in Florida, if prior to	stration )	
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605,0903, F.S. to determine	ocnalty liability)	
820 N Corporate Lak	es Blvd., Suite 101	1820 N Cor	porate Lakes Blvd., Suite 101
Address of Principal Office)	·	6. (Mailing A	oddress)
•			
eston, FL 33326	s of Florida registered agent: (P.O. Box	Weston, FL	33326
eston, FL 33326		Weston, FL	33326
Veston, FL 33326	s of Florida registered agent: (P.O. Box	Weston, FL	33326
Veston, FL 33326  Name and street address  Name:	s of Florida registered agent: (P.O. Box  Miami Legal, P.A.  350 Sevilla Avenue, Second Floor	Weston, FL	33134 ida (Zip code)

(Registered agers's signature)

### H250000607283

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:
<b>≅</b> Manager	Name: Michael Sagaro	■Manager	Name: Jason Citro
□Member	Address: Miami Legal, P.A.	□Member	Address: Miami Legal, P.A.
□Authorized	350 Sevilla Avenue, Second Floor	□ Authorized	350 Sevilla Avenue, Second Floor
Person	Coral Gables, FL 33134	Person	Coral Gables, FL 33134
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	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.

Signature of an authorized person

Bridgette Alvarez, Esq.

Typed or printed name of signce

H250000607283

# Delaware The First State

Page 1

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE
OF DELAWARE, DO HEREBY CERTIFY "EL SOL CAPITAL PARTNERS, 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 NINETEENTH DAY OF FEBRUARY, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EL SOL CAPITAL PARTNERS, LLC" WAS FORMED ON THE FOURTH DAY OF OCTOBER, A.D. 2024.

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

5398959 8300 SR# 20250617971

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

C. G. Sanchez

Cheruni Patibanda-Senchez, Secretary of State
Authentication: 202974331

Date: 02-19-25

+1250m0601283