

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP☐ WAIT

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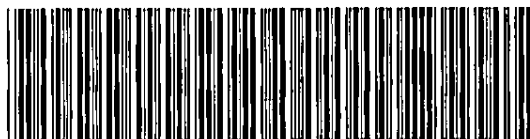
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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T. LEMIEUX

APR 11 2020

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**TO: Registration Section
Division of Corporations**

SUBJECT: 1024 FOUR 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:

Ada C. Soto Padilla

Name of Person

ADA C. SOTO PADILLA LLC

Firm/Company

1118 NW 17th St.

Address

Fort Lauderdale, FL 33311

City/State and Zip Code

adacelma@gmail.com

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

For further information concerning this matter, please call:

Ada Soto at (787) 248-2337

Name of Contact Person Area Code Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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. 1024 FOUR 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. Commonwealth of Puerto Rico
(Jurisdiction under the law of which foreign limited liability company is organized)

3.
(FEI number, if applicable)

4. March 19, 2025
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 270 Muñoz Rivera Ave. Suite 350
(Street Address of Principal Office)

6. 270 Muñoz Rivera Ave. Suite 350
(Mailing Address)

SAN JUAN, PR, 00918-1901

SAN JUAN, PR, 00918-1901

7. Name and street address of Florida registered agent: (P.O. Box NQT acceptable)

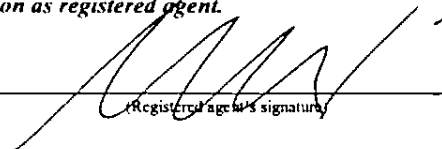
Name: MELENDEZ TORRES LAW OFFICE LLC

Office Address: 1118 NW 17th St

Fort Lauderdale, Florida 33311
(City) (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.


(Registered agent's signature)

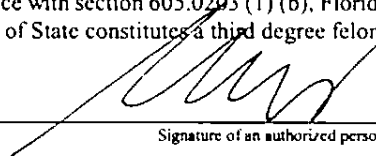
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>De Jesús Arocho, Yalís</u>	<input type="checkbox"/> Manager	Name: <u>Ada C. Soto Padilla</u>
<input type="checkbox"/> Member	Address: <u>270 Muñoz Rivera Ave.</u>	<input type="checkbox"/> Member	Address: <u>1118 NW 17th St</u>
<input type="checkbox"/> Authorized	<u>Suite 350</u>	<input checked="" type="checkbox"/> Authorized	<u>Fort Lauderdale, FL 33311</u>
Person	<u>SAN JUAN, PR, 00918</u>	Person	<u></u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<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: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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

Ada C. Soto

 Typed or printed name of signer



Government of Puerto Rico
Department of State

Transaction Date: 11-Feb-2019
Register No: 422584
Order No: 1536388

Government of Puerto Rico

Certificate of Formation of a Limited Liability Company

Article I - Limited Liability Company Name

The name of the Domestic Limited Liability Company is: **1024 FOUR LLC**

Desired term for the entity name is: **LLC**

Article II - Principal Office and Resident Agent

Its principal office in the Government of Puerto Rico will be located at:

Street Address **270 Muñoz Rivera Ave. Suite 350, SAN JUAN, PR, 00918**
Mailing Address **270 Muñoz Rivera Ave. Suite 350, SAN JUAN, PR, 00918**
Phone **(787) 222-9471**

The name, street and mailing address of the Resident Agent in charge of said office is:

Name **De Jesús Arocho, Yalis**
Street Address **270 Muñoz Rivera Ave. Suite 350, SAN JUAN, PR, 00918**
Mailing Address **P.O. Box 50886 Toa Baja PR, TOA BAJA, PR, 00950**
Email **ydejesus@blolex.com**
Phone **(787) 222-9471**

Article III - Nature of Business

This is a For Profit entity whose nature of business or purpose is as follows:

Harboring projects that involve innovative technology, cloud services, data management and any other compatible, lawful activity.

Article IV - Authorized Persons

The name, street and mailing address of each Authorized Person is as follows:

Name **Coqui Holdings CRL**
Street Address **270 Muñoz Rivera Ave. Suite 350, SAN JUAN, PR, 00918-1901**
Mailing Address **270 Muñoz Rivera Ave. Suite 350, SAN JUAN, PR, 00918-1901**
Email **marisara.melendez@gmail.com**

Article V - Administrators

If the faculties of the Authorized Persons will end upon the filing of the Certificate of Formation of a Limited Liability Company, the names, physical and mailing address of the persons who will act as Administrators until the first annual meeting of the members or until their successors replace them are as follows:

Name **Coqui Holdings CRL**
Street Address **270 Muñoz Rivera Ave. Suite 350, SAN JUAN, PR, 00918-1901**
Mailing Address **270 Muñoz Rivera Ave. Suite 350, SAN JUAN, PR, 00918-1901**
Email **info@coquiholdings.com**
Expiration Date **Indefinite**

Article VI - Terms of Existence

The term of existence of this entity will be: **Perpetual**

The date from which the entity will be effective is: **11-Feb-2019**

Supporting Documents

Document	Date Issued
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STATEMENT UNDER PENALTY OF PERJURY

IN WITNESS WHEREOF, I/We De Jesús Arocho, Yalis, the undersigned, for the purpose of forming a limited liability company pursuant to the laws of Puerto Rico, hereby swear that the facts herein stated are true. This 11th day of February, 2019.

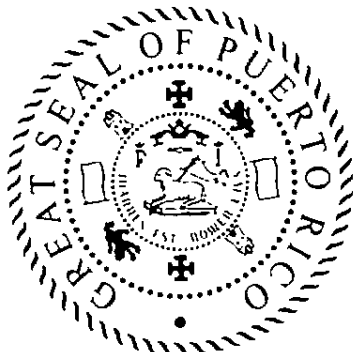


DEPARTMENT OF STATE
GOVERNMENT OF PUERTO RICO

CERTIFICATE OF GOOD STANDING

I, **Veronica Ferraiuoli Hornedo**, **Secretary of State** of the Government of Puerto Rico,

CERTIFY: That, pursuant to Puerto Rico's General Law of Corporations, **1024 FOUR LLC**, register number **422584**, a **for profit domestic** Limited Liability Company organized under the laws of Puerto Rico on **February 11, 2019**, has complied with the payment of its Annual Fees.



IN WITNESS WHEREOF, the undersigned by virtue of the authority vested by law, hereby issues this certificate and affixes the Great Seal of the Government of Puerto Rico, in the City of San Juan, Puerto Rico, today, **March 17, 2025**.

Veronica Ferraiuoli Hornedo
Secretary of State

To validate this certificate go to: <https://estado.pr.gov/>

This certificate is valid for one (1) year from issue date (Regulation 8688, Art. 26). However, it is subject to faithful compliance with the provisions of Chapter XV and Chapter XXI of Act 164-2009, as applicable.

Certificate Validation Number: **773598-56176957**