6/3/25, 11:39 AM

Division of Corporations



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Division of Corporations

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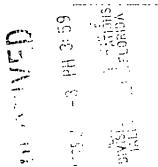
From:

Account Name : CYAN CONSULTANTS INC.

Account Number : 12018000074 Phone : (321)710-2030 Fax Number : (407)650-3216

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Foreign Limited Liability Company 7630 OAK SPRING LLC

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Help

From Cyan Consultants Inc.

COVER LETTER

	ame of Limited Liability Company	
	ity Company for Authorization to Transact Business in Florida." Certificate of we referenced foreign limited liability company to transact business in Florid	
ease return all correspondence concerning this matte	er to the following:	
MARIA APARECIDA VENTURA	A CELESTINO	
	Name of Person	
7630 OAK SPRING LLC		
	FirmCompany	
11) E MONUMENT AVE SUITE	401-12	
	Address	
KISSIMMEE, FL 34741		
	City/State and Zip Code	
documents@cyancine.com		
E-mail address: (to	be used for future annual report notification)	
or further information concerning this matter, please	call:	
CYAN CONSULTANTS INC	321 710-2030 at ()	
Name of Contact Person	Area Code Daytime Telephone Number	
Mailing Address:	Street Address:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	The Centre of Tallahassee	
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, F1, 32303	
Enclosed is a check for the following amount Please make check payable to: FLORIDA D		

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

IN COMPLANCE WITH SECTION (050502, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(If name onavaslable, enter alternate	name adopted for the purpose of transacting business in Fl	orida. The alternate name most mehido "Limited Ciability Compa	my," "L. L. C. " or "(L.C.")			
DELAWARE		N/A				
2. thursdiction under the law of which foreign limited liability company is organized)		3. (H.I. number, if applicable)				
4	(Date first transacted business in Florida, if prior to (See sections 605 0004 to 605 0005, F.S. to determ	registration (ne penalts Imbility)				
111 E MONUMENT AVE STE 401-12		111 E MONUMENT AVE STE 401-12 6.				
5. (Street Address of Principal Office)		(Maling Address)	~ -			
KISSIMMEE, FL 34741 US		KISSIMMEE, FL 34741 US	5 E,			
			ည် 📜			
	.		<u> </u>			
7. Name and <u>street addres</u>	ss of Florida registered agent: (P.O. Box	NOT acceptable)	4: 07			
Name:	CYAN CONSULTANTS INC		7;			
Office Address:	THEE MONUMENT AVE STE 401-4					
	KISSIMMEE	. Florida Zip codei				
	(Cay)	(Zip code)				
Registered agent's accep		process for the above stated limited liability co pregistered agent and agree to act in this cap				

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: MARIA APARECIDA VENTURA CELESTINO	□Manager	Name:	
□Member	Address:Address:	□.Member	Address:	
□Authorized	SUITF 401-12	☐ Authorized		
Person	KISSIMMEE, FL 34741	Person	T	
Other		i⊒Other		
∏Manager	Name:	⊟Manager	Name:	
⊡Member	Address:	□Member	Address:	
□Authorized		□ Authorized		
Person		Person		
□Other	BOther	©Other		[]Other
⊡Manager	Name:	∏Manager	Name:	and Market Control of the Control of
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
13 0ther		□Other		_JOther

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 8.837,155, F.S.



Delaware The First State

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I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE

OF DELAWARE, DO HEREBY CERTIFY "7630 OAK SPRING 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 TENTH DAY OF MARCH, A.D. 2025.



Charuni Patibanda-Sanchez, Secretary of State

C. G. Sanchen

Authentication: 203129754

Date: 03-10-25