M25000/19476

(Red	questor's Name)	
(Add	dress)	
	•	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
	-i F-Aib. Mas	
(Bus	siness Entity Nar	ne)
(Doe	cument Number)	
Certified Copies	Certificates	s of Status
	-	
Special Instructions to f	Filing Officer:	
<u> </u>		

Office Use Only



100453453281

07/24/25--01004--010 1/125 00

10L 24 2025 XUELLEL D

CORPORATE ACCESS,

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

	CERTIFIED COPY	
ΚX	РНОТОСОРУ	
	CUS	
XX	FILING	FOREIGN LLC
	3BF GROUP LLC	
1	CORPORATE NAME AND DOCU	JMENT #)
_	(CORPORATE NAME AND DOCU	(MEN'E #)
	COM OMATIMASII. A.VII IVAC	
-	(CORPORATE NAME AND DOCU	IMENT #)
_	(CORPORATE NAME AND DOCU	JMENT #)
_		
	(CORPORATE NAME AND DOCU)MENT #)
	(CORPORATE NAME AND DOCU	JMENT #)

COVER LETTER

Registration Section

TO:

Divi	sion of Corporations				
SUBJECT:	3BF GROUP LLC				
	Nam	e of Limited Liability Company			
The enclosed Existence, an	"Application by Foreign Limited Liability d check are submitted to register the above	Company for Authorization to Transact Business in Florida," Certificate or referenced foreign limited liability company to transact business in Florida			
Please return	all correspondence concerning this matter t	o the following:			
	Jannett A. Rodriguez				
	Name of Person				
	H&R Tax Advisors LLC				
		Firm/Company			
	12741 SW 38TH TER				
		Address			
	Miami, FL 33175				
	· C	ity/State and Zip Code			
	jannett@hrtaxadvisors.com				
	E-mail address: (to be	e used for future annual report notification)			
For turther in	formation concerning this matter, please ca	II:			
Jannett A. Rodriguez		786 857-6252 at ()			
	Name of Contact Person	Area Code Daytime Telephone Number			
Reg	ling Address: distration Section	Street Address: Registration Section			
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee			
	lahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Plea	losed is a check for the following amount: se make check payable to: FLORIDA DEF 125.00 Filing Fe	e & 🗆 \$155.00 Filing Fee & 🗀 \$160.00 Filing Fee, Certificate			

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

IN COMPILANCE 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:

	name adopted for the purpose of transacting business in F	Torida The alt	ernate name must include "Limited Liabi	iity Company,"	"LLC, or	LLC.
Delaware		3.	38 - 4157164			
(Jurisdiction under the law of w	hich foreign limited liability company is organized)		(FEI number,	if applicable)		_
4/18/24						
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registration) iine penalty lia	bility)			
286 NW 29TH ST APT 108		6	/O 12741 SW 38TH TER			
eet Address of Principal Office)		0	(Mailing Address)			-
Miami, FL 33127		M	liami, FL 33175		21	
		_		= ;		-
 	·			F.:	24	-
Name and street address	ss of Florida registered agent: (P.O. Box	x <u>NOT</u> ac	ceptable)		P	:
	H&R TAX ADVISORS LLC			: · ·	PH 3: 03	*****
Name:				:	03	
Office Address:	12741 SW 38TH TER		_ _			
	Miami		33175 Florida			
			(Zip code)			

manage [up to six (6) total]: Name and Address: Name and Address: Title or Canacity: Title or Capacity: Aldo A. Carrizo Gustavo Carrizo Manager ■ Manager C/O 12741 SW 38TH TER C/O 12741 SW 38TH TER ■ Member **■**Member Miami, FL, 33175 Miami, FL, 33175 □ Authorized □ Authorized Person Person Other____ □ Other_____ Other___ Other_ Fabiana Carrizo Name: _____ Name: ☐Manager □Manager C/O 12741 SW 38TH TER Address: ____ □Member Address: _ ■ Member Miami, FL, 33175 □ Authorized □ Authorized Person Person □Other____ Other_ Other____ Other_ □Manager Name: ______ Name: ______ Address: _____ Address: ☐Member □Member □ Authorized ☐ Authorized Person Person

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to

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.

□Other__

□Other____

□Other_____

Other_

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, barn aware that any false information submitted in a document to the Department of State constitutes a third degree 15 tony as provided for in s.817.155, F.S.

Signatuse of an subborized person

Gustavo Carrizo

Tured or printed name of signee

Delaware

The First State

Page 1

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

OF DELAWARE, DO HEREBY CERTIFY "3BF GROUP 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 FIRST DAY OF JULY, A.D. 2025.

and the second s

Charuni Patibanda-Sanchez, Secretary of State
Authentication: 204093565

C. G. Sancher

Date: 07-01-25

3438905 8300 SR# 20252475710