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TO:

Registration Section Division of Corporations

Black Brick Real Estate Advisory SL

(Name of Alien Business Organization, Financial Institution, or Telehealth Provider)

Dear Sir or Madam:

The enclosed Designation of Registered Agent and Registered Office for Alien Business Organization, Financial Institution, or Telehealth Provider and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Patricia Siles				
(Name of Person)				
Hancock Askew & Co LLP				
(Firm/Company)				
9350 S Dixie Hwy, PH 1				
(Address)				
Miami, FL 33156				
(City/State and Zip Code)				

For further information concerning this matter, please call:

Patricia Siles

at (305) 928-6822 (Area Code & Daytime Telephone Number)

(Name of Person)

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:

☑ \$35.00 Filing Fee

□ \$43.75 Filing Fee & Certified Copy

REGISTERED AGENT & OFFICE FOR ALIEN BUSINESS ORGANIZATION, FINANCIAL INSTITUTION, OR TELEHEALTH PROVIDER

PURSUANT TO SECTION 607.0505, 655.0201, OR 456.47(4)(b), FLORIDA STATUTES, THE UNDERSIGNED ALIEN BUSINESS ORGANIZATION, FINANCIAL INSTITUTION OR TELEHEALTH PROVIDER SUBMITS THE FOLLOWING STATEMENT IN ORDER TO DESIGNATE ITS REGISTERED AGENT AND REGISTERED OFFICE IN THE STATE OF FLORIDA:

	Estate Advisory SL		
, Spain	er which entity is organized) Abana 202 Bill and Madrid Spain		
(State or country unde	r which entity is organized)	(F	El Number, if applicable)
_{4.} Paseo La Ha	bana 202 Bil Lz	qu, mauriu,	Spain
	(Principal	office address)	
5. Name and Florida Street	address of registered agent.		
	Hancock Asker	w & Co LLP	
	9350 S Dixie H	wy, PH 1	
	Miami, FL 3315	56	
are identical. 7	cio Gil-Casares (Signature of chairman)	, vice chairman, or officer	ness office of the registered agent
_{s.} Ignacio Gil Ca	asares, Manage	e r	
	(Name and capacity of pers	on signing in number 7 ab	ove)
Signature of registered a	gent:	· 	
I hereby accept the appoin 607.0505, 655.0201, or 456		I am familiar with a	nd accept the obligations of section
PSI			8/19/2022
Registered agent acce	pting appointment)		(Date)

THE FILING OF THIS FORM WITH THE FLORIDA DEPARTMENT OF STATE DOES NOT AUTHORIZE THE ABOVE REFERENCED ENTITY OR PROVIDER TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

FILING FEE \$35

Make checks payable to Florida Department of State and mail to; Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

