

L24000328711

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

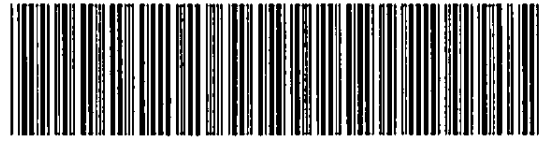
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 If there are any issues  
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 850-202-9071

Date: 07/29/2024

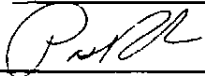
Name: Patrice Rush

Reference #: 2445327

Entity Name: MIUREX LNVERSIONES HISPANIA, SL

- Articles of Incorporation/Authorization to Transact Business
- Amendment
- Change of Agent
- Reinstatement
- Conversion
- Merger
- Dissolution/Withdrawal
- Fictitious Name
- Other ARTICLES OF DOMESTICATION

Authorized Amount: \_\_\_\_\_ \$

Signature: 

④ CORPORATE HQ  
 COGENCY GLOBAL INC.  
 10 E 40<sup>TH</sup> ST, 10<sup>TH</sup> FL  
 NY, NY 10016  
 D: +1.212.947.7200  
 P: 800.221.0102  
 F: 800.944.6607

④ EUROPEAN HQ  
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 A HONG KONG LIMITED COMPANY  
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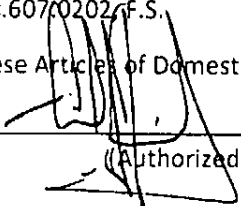
Articles of Domestication  
Foreign Corporation Domesticating to Florida

The undersigned, Pedro R. Lopez, Sole Administrator  
(Name) (Title)

of Miurex Inversiones Hispania, SL, a foreign corporation, in accordance with s. 607.11922, Florida Statutes, submit these Articles of Domestication.

1. The name of the domesticating corporation is Miurex Inversiones Hispania, SL  
(Foreign Corporation)
2. The jurisdiction and date of its formation is Kingdom of Spain, September 11, 2014
3. The name of the domesticated corporation is Miurex Inversiones Hispania, LLC
4. The jurisdiction of formation of the domesticated corporation is **Florida**
5. The domestication corporation is a foreign corporation and the domestication was approved in accordance with its organic law.
6. Attached are Florida Articles of Incorporation to complete the domestication requirements pursuant to s.607.0202, F.S.

I certify I am authorized to sign these Articles of Domestication on behalf of the corporation.

  
\_\_\_\_\_  
(Authorized Signature)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Miurex Inversiones Hispania, LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

1395 Brickell Avenue, Suite 1560  
Miami, FL 33131

Mailing Address:

1395 Brickell Avenue, Suite 1560  
Miami, FL 33131

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Somerset Corporate Services

Name

9130 S. Dadeland Blvd, Suite 1504

Florida street address (P.O. Box **NOT** acceptable)

Miami

FL

33156

City

State

Zip

*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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.*

  
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

**Name and Address:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Pedro Raul Lopez  
749 Crandon Blvd. #511  
Key Biscayne, FL 33149

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**

Signature of a member or an authorized representative of a member.

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.

Carlos J. Aguilar for Pedro R Lopez

Typed or printed name of signee

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)