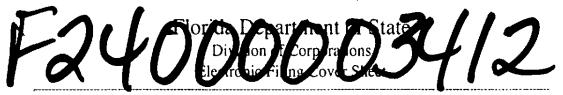
6/25/24, 9.16 AM

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000218549 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107 : (561)214-8442 Fax Number

\*\*Enter the email address for this business entity to be used for future ∏annual report mailings. Enter only one email address please.\*\*

## FOREIGN PROFIT/NONPROFIT CORPORATION

Leo@Space Coast GP, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER				
TO: Registration Section Division of Corporations				
SUBJECT: Leo@Space Coast GP,	Inc.			
	lame of corporation	- must include suffix		
Dear Sir or Madam:				
The enclosed "Application by Forei "Certificate of Existence," or "Certi above referenced foreign corporation	ficate of Good Stan	ding" and check are sub-		
Please return all correspondence cor	ncerning this matter	to the following:		
Osvaldo F. Torres				
	Name of	Person		
Torres Law, P.A.				
	Firm/Com	pany		
888 Southeast Thrid Avenue, Suite 400	)			
	Addre	ess		
Fort Lauderdale, Florida 33316			_	
ozzie@torreslaw.net	City/State a	nd Zip code	<u> </u>	
•	idress: (to be used t	for future annual report n	otification)	
		•		
For further information concerning	inis matter, piease c	:411;		
Osvaldo F. Torres	754 at (	300-5815		
Name of Person	Area Cod	e Daytime Telepl	none Number	
STREET/COURIER ADD Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Sui Tallahassee, FL 32303		MAILING A Registration S Division of Co P.O. Box 6327 Tallahassec, F	ection orporations	
•	DA DEPARTMENT	OF STATE S78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee. Certificate of Status & Certified Copy	

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

Leo@Space Co	ast GP, Inc.		
(Enter name of c	orporation; must include "INCORPORATED," orp.," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"	
(If name unavail	able in Florida, enter alternate corporate name a	dopted for the purpose of transacting business in Fl	orida)
2. Delaware	3.		
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)	
May 30, 2024	5		
(Date	of incorporation)	(Date of duration, if other than perpetual)	
6.			
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150	Florida, if prior to registration) 22, F.S., to determine penalty liability)	
7 17501 Biscayne I	Boulevard, Suite 300, Aventura, Florida 33160		
··	(Principal office	e <u>street</u> address)	
	(Current mailing	address, if different)	
r <del>ver</del>			<u>7</u> 0
8. Name and stree	et address of Florida registered agent: (P.O.	Box NOT acceptable)	HAIC +707
Name:	Torres Law, P.A.		<b>=</b>
Office Address:	888 Southeast Third Avenue, Suite 400		25
	Fort Lauderdale	, Florida	PH 8:
	(City)	(Zip code)	СЛ
designated in this further agree to c	ed as registered agent and to accept service application, I hereby accept the appointme	e of process for the above stated corporation of ent as registered agent and agree to act in this lative to the proper and complete performanc ition as registered agent.	s capacity. I
٠. • <b>٢</b> ٠	/s/ Osvaldo F. Torres		
_	(Registered agent's sig	nature)	

<sup>10.</sup> Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

Director  President	Name: Stephen L. Vecchitto  17501 Biscayne Boulevard  Address: Suite 300  Aventura, Florida 33160	□ Chairman □ Vice Chairman □ Director □ President ■ Vice President	Name:    David L. Vecchitto   17501 Biscayne Boulevard	
Secretary	Treasurer	Secretary	Treasurer	
Other	□Other	Other	Other	
☐ Chairman ☐ Vice Chairman ☐ Director ☐ President ☐ Vice President ☐ Secretary ☐ Other	Name: Matthew V. Zaverucha  17501 Biscayne Boulevard  Address: Suite 300  Aventura. Florida 33160  □Treasurer □Other	☐Chairman ☐Vice Chairman ☐Director ☐President ☐Vice President ☐Secretary ☐Other	Suite 300  Aventura, Florida 33160  Treasurer	
Chairman	Name:	□ Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
Director		Director		
□President		□President		
		□Vice President		
Secretary	Treasurer	Secretary	Treasurer	
□Other	Other	□Other	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.  12.   Signature of Director or Officer				

The officer or director signing this document (and who is listed in number 11 above) afterms that the facts stated herein are true and that he or she is aware that 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.

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## Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "LEOGSPACE COAST GP, INC." IS DULY

"INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE TWENTY-FOURTH DAY OF JUNE, A.D.

2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LEO@SPACE COAST

GP, INC." WAS INCORPORATED ON THE THIRTIETH DAY OF MAY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES

HAVE BEEN ASSESSED TO DATE.

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3796732 8300 SR# 20242967003



Authentication: 203781286

Date: 06-24-24