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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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

Email Address:_

FLORIDA LIMITED LIABILITY CO. Mars Commerce LLC

Certificate of Status Certified Copy 0 Page Count 03 Estimated Charge \$125.00

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Help

A	ORIĐA LIMITED LIABILITY COMPANY
ARTICLE 1 - Name: The name of the Limited Liability Company is:	
Mars Commerce LLC	
(Must contain the words "Limited Liab	oility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal offic	e of the Limited Liability Company is:
B	
Principal Office Address:	<u>Mailing Address</u> :
Principal Office Address: 7901 4th St N STE 300	Mailing Address: 7901 4th St N STE 300

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:

Northwest Registere	d Agent LLC	
	Name	**************************************
7901 4th St N STE 3	600	
Florida street addres	ss (P.O. Box <u>NOT</u> a	eceptable)
St. Petersburg FL 33	702	
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-

\$ 5.00 Certificate of Status (Optional)

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

"AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager		
AMBR	Kaplan, Muhammed Tana Tahsin	
	7901 4th St N STE 300	
	St. Petersburg FL 33702 US	
		
		
		
(Use attachment if necessary)		
	te of filing:, (
the date of filing.) <u>Note:</u> If the date inserted in this block does not the document's effective date on the Department	meet the applicable statutory filing requirement at of State's records.	s, this date will not be listed as
ARTICLE VI: Other provisions, if any. The objectives of this organization encompass the	he encouragement of foreign investment in Color	mbia as well as
	ers and seasoned investors in the Colombian rea	
5		
REQUIRED SIGNATURE:		→ ~
ومرافع استقار وستراوي	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2025
Signature of a co	AAAA nember or an authorized representative of a n	
This document is exec	uted in accordance with section 605.0203 (1) (b)	nember
I am aware that any fal	se information submitted in a document to the Do	epartment of State ! ;
constitutes a third degr	ee felony as provided for in s.817.155, F.S.	
Nat Smith		
	Typed or printed name of signee	
	<u>-</u>	
	Filing Fees:	> '
	rganization and Designation of Registered Ag	ent
\$ 30.00 Certified Copy (Optional)		