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| Certified Copies Certificates of Status | | |
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| Special Instructions to Filing Officer: | | |
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Registration Section Division of Corporations

TO:

| HOLY WORLD PROPERTY MANAGEMENT LLC SUBJECT: | | |
|---|--|--|
| Name of Limited Liability Company | | |
| The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida. | | |
| Please return all correspondence concerning this matter to the following: | | |
| ALEJANDRO QUIROZ | | |
| Name of Person | | |
| HOLY WORLD PROPERTY MANAGEMENT LLC | | |
| Firm/Company | | |
| 10525 W BERNICE DR | | |
| Address | | |
| PALOS PARK, IL 60464 | | |
| City/State and Zip Code | | |
| gerencia@expresosigloxxi.com | | |
| E-mail address: (to be used for future annual report notification) | | |
| For further information concerning this matter, please call: | | |
| ALEJANDRO QUIROZ | 954 963-8771at () Area Code Daytime Telephone Number | |
| Name of Contact Person | Area Code Daytime Telephone Number | |
| Mailing Address: | Street Address: | |
| Registration Section Division of Corporations | Registration Section Division of Corporations | |
| P.O. Box 6327 | The Centre of Tallahassee | |
| Tallahassee, FL 32314 | 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | |
| Bnclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE \$\Begin{array}{c} \Begin{array}{c} \ | | |

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

IN COMPLIANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIARILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: HOLY WORLD PROPERTY MANAGEMENT LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.") 32-0708620 (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) 02/02/2023 10525 W BERNICE DR (Street Address of Principal Office) (Mailing Address) PALOS PARK, IL 60464 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) ALEJANDRO QUIROZ Name: 545 NE 179TH DR Office Address: MIAMI , Flórida (City) Registered ägent's acceptance: 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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent,

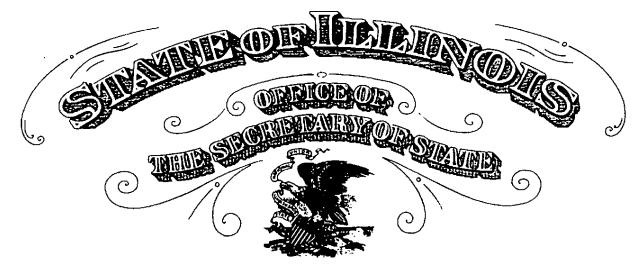
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name: ALEJANDRO QUIROZ Name: _____IENNIFER QUIROZ □Manager □Manager Address: ____ Address: ____ ■ Member **■**Member PALOS PARK, IL 60464 PALOS PARK, IL 60464 ☐ Authorized ☐ Authorized Person Person Other___ ☐Other Other_ Other____ Name: LUCY VICTORIA Name: EDGAR QUIROZ □Manager □ Manager 10525 W BERNICE DR Address: ___ **⊠**Member **≅**Member PALOS PARK, IL 60464 PALOS PARK, IL 60464 ☐ Authorized □ Authorized Person Person ⊡Óther____ ☐ Other_____ □Other : □Öther____ □Manager Name: _____ □ Manager Name: _____ ☐ Member Address: ☐ Member Address: ☐ Authorized ☐ Authorized Person Person □Other____ Other_ □Other_ □Other_____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filling your Florida Department of State Annual Report form. 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: 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. luf Signature of an authorized person

Typed or printed name of signee

ALEJANDRO QUIROZ

File Number

1241953-8



To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulias, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the

Department of Business Services. I certify that

HOLY WORLD PROPERTY MANAGEMENT LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON OCTOBER 28, 2022, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 14TH day of MARCH A.D. 2023 .

Authentication #: 2307304548 verifiable until 03/14/2024

Authenticate at: https://www.ilsos.gov

SECRETARY OF STATE