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(Requestor's Name)					
(comme)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
, and the second					
Sign Mgr W16-20432					
Mg- W16-20432					
/ Office Use Only					



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2016 APR 22 AM II: 25
SEGRETARY OF STATE
TALL AHARSEE F. STATE

K. SALY EXAMINER

APR 26



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 18, 2016

HUMBERTO L RODRIGUEZ GONZALEZ & RODRIGUEZ PL 999 PONCE DE LEON BLVD, STE. 1135 CORAL GABLES, FL 33134

SUBJECT: MASTIL01 LLC Ref. Number: W16000020432

We have received your document for MASTIL01 LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

COVER LETTER

то:		ration Section n of Corporation	s						
SUBJE		astil01 LLC							
SUBJE	.C1:		Name of	Limited Liability	Company				
						ansact Business in Florida," C y company to transact busines			
Please r	eturn all	correspondence c	oncerning this matter to the	following:					
		Humberto L. Re	odriguez						
			N	lame of Person	.=	_			
	Gonzalez & Rodriguez PL								
	Firm/Company								
		999 Ponce de Leon Blvd. Ste. 1135							
	Address								
	Coral Gables FL 33134								
	City/State and Zip Code								
		hrodriguez@gr-la	w.net						
	-		E-mail address: (to be used	d for future annua	l report not	cification)			
For furt	her infori	mation concerning	this matter, please call:						
	Humbe	rto L Rodriguez		305 at (461-48				
		Name of	Contact Person	Area Code	Day	rtime Telephone Number			
	Division Registra P.O. Bo	nof Corporations ation Section x 6327 ssee, FL 32314			Division Registrat Clifton B 2661 Exe	of Corporations ion Section uilding cutive Center Circle ee, FL 32301			
Enclose		ck for the followi .00 Filing Fee	ng amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy		☐ \$160.00 Filing Fee, Cert of Status & Certified Copy	ificate		

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 LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA;

I. Mastil01 LLC			
(Name of For	eign Limited Liability Company; must include	de "Limited Liability Company," "L.L.C.," o	r"LLC.")
(If name unavailable, enter a Liability Company," "L.L.C,	liternate name adopted for the purpose of tran	nsacting business in Florida. The alternate na	me must include "Limited
2. Delaware	3.		
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable	5)
4	(Date first transacted business in FI	orida, if prior to registration.)	_
5. 999 Ponce de Leon Bl	(See sections 605.0904 & 605.0905, F	F.S. to determine penalty liability)	_
Coral Gables, FL 3313		100	2
6. 999 Ponce de Leon Bly	(Street Address of Principa vd. PH 1135	il Office)	2016 APR 22 SECRETARY FALLAHASS
Coral Gables, FL 3313	34		至 3
	(Mailing Address)	
7. Name and street addres	ss of Florida registered agent: (P.O. Box	NOT acceptable)	सिठं 🗷
Name:	Gonzalez & Rodriguez PL		To E
Office Address:	999 Ponce de Leon Blvd. PH 1135		2 · · · · · · · · · · · · · · · · · · ·
	Coral Gables	Florida 33134	• •.
designated in this applica to complywith the provision	gistered agent and to accept service of y tion, I hereby accept the appointment a ons of all statutes relative to the proper my position as registered agent.	es registered agent and agree to act in the anti-emphisize performance of my dutie	is capacity. I further agree
	(Registered age	int's signature)	
8. The name, title or capa Emesto N. Lemberger	acity and address of the person(s) who he	as/have authority to manage is/are:	
999 1	Ponce de Bev	- Blug Ph 1	435
Coral of	ables FL =	33134	
O. Attached is a certificate urisdiction under the law of the translator must be su		e is in a foreign language, a translation o	custody of records in the f the certificate under oath
	Signature of an 26		
This document is executed submitted in a document to	in accordance with section 605.0203 (1) the Department of State constitutes a thi	(45), Florida Statutes. I am aware that an ird degree felony as provided for in s.817	y false information .155, F.S.
	Humberto L. Rodriguez		_
	Typed or printed no	and of siring	

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "MASTILO1 LLC" IS DULY FORMED UNDER THE

LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A

LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF

THE TWENTY-THIRD DAY OF FEBRUARY, A.D. 2016.

FILED 2016 APR 22 AM 11: 25 SECVELYARY OF SUATE



Authentication: 201873818

Date: 02-23-16

5404833 8300 SR# 20160960912