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(Requestor's Name)							
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COVER LETTER

Registration Section

TO:

Div	ision of Corporation	18					
SUBJECT:	THEBIOBOX LLC						
	Name of Limited Liability Company						
					unsact Business in Florida." Cert y company to transact business it		
Please return	all correspondence of	concerning this matter to the	following:				
	JUAN J DURA	N-SALCEDO					
		Na	ame of Person		 		
	ТНЕВЮВОХ	LLC					
	Firm/Company						
	1728 CORAL WAY, SUITE 500A						
	Address						
	MIAMI/FLOR	IDA 33145					
		City/S	tate and Zip Code				
	JDURAN@THE	BIOBOX.COM					
	,	E-mail address: (to be used	d for future annual	l report not	ification)		
For further i	nformation concernin	g this matter, please call;					
JUAN J DURAN-SALCEDO		-42-4 at (354-318	80			
	Name o	of Contact Person	Area Code	/Day	time Telephone Number		
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division Registrat Clifton B 2661 Exe	f ADDRESS: of Corporations ion Section outlding ecutive Center Circle sec. FL 32301			
	Check for the follow \$125.00 Filing Fee	ing amount: \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Certific of Status & Certified Copy	rate	

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:

	SINEST IN THE STATE OF FLORIDA:		
1. THEBIOBOX LLC	Limited Liability Company; must include "Limited	d Liability Company ""1 1 C " or "11C	<u>"\</u>
(Mane of Friedgi	isinited flaming example, and which is families	a chaomy company. There of the	
(If name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Flor	nda. The alternate name must include "Limited L	.iability Company," "L. L. C," or "ELC ")
2 DELAWARE		3. 46-1613825	
(Jurisdiction under the law of w	hich foreign limited liability company is organized)		mber, if applicable)
a 10/18/2018			
·	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905; F.S. to determine	registration) ne penalty fiability)	
5 1728 CORAL WAY. S		6. 1728 CORAL WAY, SUI	TTE 500A
(Street Address of)	Principal Office)	(Mailing Ac	(ldress)
MIAMI, FLORIDA 33	3145	MIAML FLORIDA 3314	<u>5</u>
Name and street address	ss of Florida registered agent: (P.O. Box	NOT acceptable)	,
Name:	JUAN J DURAN-SALCEDO		NOV 9
Office Address:	1728 CORAL WAY, SUITE 500A		V 2
Office Address:			
	MIAMI	, Florida <u>33145</u>	<u> </u>
Registered agent's accep	otance:	(Zip e	ode)
	gistered agent and to accept service of $oldsymbol{ec{\mu}}$	process for the above stated limite	ed liability company at the place
	tion, I hereby accept the appointment a		
	ions of all statutes relative to the proper	and complete performance of my	y duties, and I am familiar with
ana accept the obligation	s of my position as registered agent.		
	-tRegistered agent s	signature)	
	acity and address of the person(s) who ha	s/have authority to manage is/are:	
Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
AMBR	ANDRES A ISAIAS	AMBR	LUIS N ISAIAS
	1728 CORAL WAY	-	1728 CORAL-WAY
	MIAMI, F1, 3,31-15	-	MIAMI, FL 33145
AMBR	DOMESTIC SEASON AND A LINE	OFFIC	
	- ESTEFANO ISAIAS		JUAN J DURAN 1728 CORAL WAY
	MIAMI, FL 33145	_	MIAMI-FI-331-15
(Use attachments if neces	sary)		
9 Attached is a cortificate	of existence, no more than 90 days old,	duly outhorizated by the afficial l	handan ana atau atau a sala in dh
jurisdiction under the law	of which it is organized. (If the certificat	e is in a foreign language, a transli	naving custouy of records in the ation of the certificate under oath
of the translator must be s	ubmitted)	a	and of the confidence that out
10. This document is as as	ustad in and redominately cost 0203	2712712721 21 22 2 2 2	
submitted in a document to	tuted in accordance with section 605.02020 to the Department of State constitutes a thi	o (1) (b). Florida Statutes. I am aw ird degree felop e as provided for i	are that any talse information in s 817.155. F.S.
		The state of the s	11 3.00 (7.11 5.25, 11.65,
		of an audismost person	
	oignature oignature	ол на винетиси регон	
	7.11.1 1	DURN-SALCESO	
	Typed or	printed name of signee	

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "THEBIOBOX 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-SECOND DAY OF OCTOBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "THEBIOBOX LLC"

WAS FORMED ON THE SEVENTH DAY OF NOVEMBER, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

AHYS OF COMMENTS O

Authentication: 203655870

Date: 10-22-18

5238051 8300 SR# 20187254437