

M190000001507

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

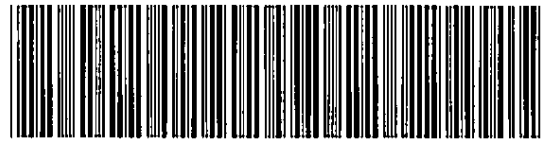
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Rec. 2/8/19

W19000003417

Office Use Only



300322538303

01/03/19--01006--006 \*\*125.00

RECEIVED

JAN 02 2019

ALLAHABAD, INDIA

2019 FEB -8 PM 3:22

FILED

3121

PRATHA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 28, 2019

DANMAR LLC  
MARISABEL SUAREZ  
1728 LK MICHIGAN DRIVE  
HARVEY, LA 70058 US

SUBJECT: DANMAR, L.L.C.  
Ref. Number: W19000003417

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

You failed to make the correction(s) requested in our previous letter.

You must complete the blank application provided for a Foreign Limited Liability Company.

The form you submitted is for a Foreign Corporation, but your entity is a Foreign Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sterling R Abney  
Regulatory Specialist II

Letter Number: 519A00000832

2019 FEB -8 10:10:33

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Danmar LLC  
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:

Marisabel Suarez  
Name of Person

Danmar LLC  
Firm/Company

1728 Lk Michigan Drive  
Address

Harvey, LA 70058  
City/State and Zip Code

marisas@tech-eng.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marisabel Suarez at (832) 754-7937  
Name of Contact Person Area Code Daytime Telephone Number

**MAILING ADDRESS:**

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- ☐ \$125.00 Filing Fee      ☐ \$130.00 Filing Fee & Certificate of Status      ☐ \$155.00 Filing Fee & Certified Copy      ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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:

1. Danmar 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.")

2. Louisiana 3. 32-0579817  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 2/5/19  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1728 Lt Michigan Drive 6. \_\_\_\_\_  
(Street Address of Principal Office) (Mailing Address)  
Harvey, LA 70058

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Marisabel Suarez

Office Address: 5225 Collins Avenue Suite 510  
Miami Beach, Florida 33140  
(City) (Zip code)

Registered agent'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.

Marisabel Suarez  
(Registered agent's signature)

FILED  
2019 FEB - 8 PM 3:22  
TALLAHASSEE, FL

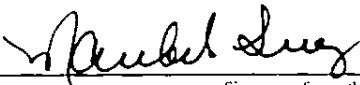
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>		<u>Name and Address:</u>		<u>Title or Capacity:</u>		<u>Name and Address:</u>	
<input type="checkbox"/> Manager	Name:	Marisabel Suarez		<input type="checkbox"/> Manager	Name:		
<input checked="" type="checkbox"/> Member	Address:	1728 Lt Michigan Drive		<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized		Harvey, LA 70052		<input type="checkbox"/> Authorized			
Person				Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name:			<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:			<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized				<input type="checkbox"/> Authorized			
Person				Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name:			<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:			<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized				<input type="checkbox"/> Authorized			
Person				Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> 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.

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.

  
\_\_\_\_\_  
Signature of an authorized person

Marisabel Suarez  
\_\_\_\_\_  
Typed or printed name of signee

FILED  
2019 FEB - 8 PM 3:22  
TALLAHASSEE, FL



**R. Kyle Ardoin**  
SECRETARY OF STATE

*As Secretary of State of the State of Louisiana I do hereby Certify that*

the Articles of Organization of

**DANMAR, L.L.C.**

Domiciled at HARVEY, LOUISIANA,

Were filed in this Office and a Certificate of Organization was issued on May 23, 2014,

I further certify that no Certificate of Dissolution or Termination has been issued.

In testimony whereof, I have hereunto set my  
hand and caused the Seal of my Office to be  
affixed at the City of Baton Rouge on,

December 21, 2018

*Secretary of State*

Web 41534430K



Certificate ID: 11025850#N83

To validate this certificate, visit the following web site,  
go to **Business Services**, **Search for Louisiana**  
**Business Filings**, **Validate a Certificate**, then follow  
the instructions displayed.  
[www.sos.la.gov](http://www.sos.la.gov)