

**M190000007214**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

\_\_\_\_\_  
(Business Entity Name)

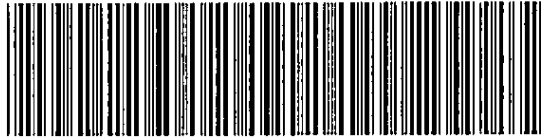
\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer:  
*would like stamp today date  
RB 7/26/19*

**M190000067863**

Office Use Only



**800332395368**

07/25/19--01001--013 \*\*835.00

2019 JUL 26 PM 4:47  
TALLAHASSEE, FLORIDA  
19 JUL 24 PM 4:08

**Y SCOTT**

**JUL 26 2019**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 25, 2019

SUNSHINE CORPORATE FILING

SUBJECT: REGALA, LLC  
Ref. Number: W19000067863

We have received your document for REGALA, LLC and your check(s) totaling \$835.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$1,193.75.

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

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.

Yvette Scott  
Document Specialist II

Letter Number: 719A00015133

[www.sunbiz.org](http://www.sunbiz.org)

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

**SUNSHINE CORPORATE FILING OF FLORIDA INC.**

*3458 Lakeshore Drive, Tallahassee, Florida 32312*

(850) 656-4724

DATE 7/24/2019

**\*\*WALK IN\*\***

ENTITY NAME REGALA, LLC

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
2019 JUL 26 PM 4:47

XXXX

*Plain Copy*

*please file & provide C.O.S.*

XXXX

*Certified Copy*

*Certificate of Status*

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

\_\_\_\_\_

*Certified Copy of Arts & Amendments*

\_\_\_\_\_

*Certificate of Good Standing*

\_\_\_\_\_

**\*\*APOSTILLE' / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$130.00

CHECK # 6395

*Please call Tina at the above number for any issues or concerns. Thank you so much!*

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Regala 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:

**Rosemarie Bacallao**

Name of Person

Fremberg Perlow & Kurnik P.A.

Firm/Company

20295 NE 29<sup>th</sup> Pl #202

Address

Avventura Pl 33180

City/State and Zip Code

rbacallao@fpk-kw.com

E-mail address: (to be used for future annual report notification)

2019 JUL 26 PM 4:47  
STATE DEPARTMENT OF STATE  
TALLAHASSEE FLORIDA

For further information concerning this matter, please call:

**Rosemarie Bacallao**

Name of Contact Person

at ( 305 )

Area Code

300 6115

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. Regala LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. DE  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. \_\_\_\_\_  
(FBI number, if applicable)

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

5. 20295 NE 29th Pl  
(Street Address of Principal Office)

6. 20295 NE 29th Pl  
(Mailing Address)

#200  
Aventura Pl 33180

#200  
Aventura Pl 33180

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SECTION 605.0902, FLORIDA STATUTES

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

Name: Dade County Corporate Agents

Office Address: 20295 NE 29th Pl #200  
Aventura, Florida 33180  
(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.

[Signature]  
(Registered agent's signature) Mary H. Kornick V.P.

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]:

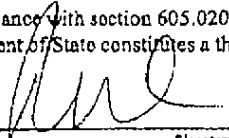
<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Rosemarie Bacallao</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>20295 NE 29 PL</u>	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized Person	<u>#200, Aventura, FL 33180</u>	<input type="checkbox"/> Authorized 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 Person	_____	<input type="checkbox"/> Authorized 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 Person	_____	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

2019 JUL 26 PM 4:47  
 SEAL OF THE STATE OF FLORIDA

**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  
Rosemarie Bacallao  
 \_\_\_\_\_  
 Typed or printed name of signer

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "REGALA 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 NINETEENTH DAY OF JULY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "REGALA LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF MARCH, A.D. 2014.

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


2019 JUL 26 PM 4:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



5506462 8300

SR# 20196065683

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
Jeffrey W. Bullock, Secretary of State

Authentication: 203251327

Date: 07-19-19