

MI900000951

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

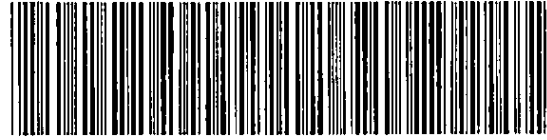
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/17/19--01001--016 **250.00

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2019 OCT 17 PM 4:45
TALLAHASSEE, FLORIDA
DEPARTMENT OF STATE

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

280843 Oil Services LLC

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2019 OCT 17 PM 11:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- ___ Art of Inc. File _____
- ___ LTD Partnership File _____
- ___ Foreign Corp. File _____
- ___ L.C. File _____
- ___ Fictitious Name File _____
- ___ Trade/Service Mark _____
- ___ Merger File _____
- ___ Art. of Amend. File _____
- ___ RA Resignation _____
- ___ Dissolution / Withdrawal _____
- ___ Annual Report / Reinstatement _____
- ___ Cert. Copy _____
- ___ Photo Copy _____
- ___ Certificate of Good Standing _____
- ___ Certificate of Status _____
- ___ Certificate of Fictitious Name _____
- ___ Corp Record Search _____
- ___ Officer Search _____
- ___ Fictitious Search _____
- ___ Fictitious Owner Search _____
- ___ Vehicle Search _____
- ___ Driving Record _____
- ___ UCC 1 or 3 File _____
- ___ UCC 11 Search _____
- ___ UCC 11 Retrieval _____
- ___ Courier _____

Signature _____

Requested by: Seth

10/16/19

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 280843 Oil Services 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:

Nicole Delance
Name of Person

Overseas Solutions
Firm/Company

1390 Brickell Avenue suite 200
Address

Miami FL 33131
City/State and Zip Code

nicole@overseas-solutions.com
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Nicole Delance at (305) 379-6651
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

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. 280843 Oil Services 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. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 75-3231805
(FEI 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. 1390 Brickell Avenue suite 200
(Street Address of Principal Office)
Miami FL 33131

6. 1390 Brickell Avenue suite 200
(Mailing Address)
Miami FL 33131

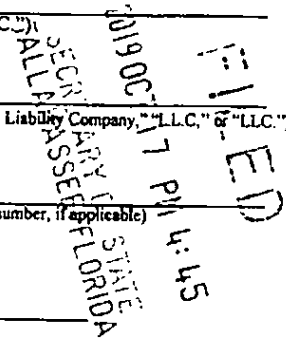
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Overseas Solutions

Office Address: 1390 Brickell Avenue suite 200
Miami, Florida 33131
(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.

Nicole DeLance
(Registered agent's signature)



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:

Manager Name: Fernando Campbell Acosta

Member Address: 1390 Brickell Avenue

Authorized suite 200, Miami FL 33131

Person _____

Other _____ Other _____

Manager Name: John Campbell Mancini

Member Address: 1390 Brickell Avenue

Authorized suite 200, Miami FL 33131

Person _____

Other _____ Other _____

Manager Name: Alejandra Campbell Mancini

Member Address: 1390 Brickell Avenue

Authorized suite 200, Miami FL 33131

Person _____

Other _____ Other _____

Title or Capacity: Name and Address:

Manager Name: Laura Mancini de Campbell

Member Address: 1390 Brickell Avenue

Authorized suite 200, Miami FL 33131

Person _____

Other _____ Other _____

Manager Name: Johanna Campbell Mancini

Member Address: 1390 Brickell Avenue

Authorized suite 200, Miami FL 33131

Person _____

Other _____ Other _____

Manager Name: Laura Elisa Campbell Manch

Member Address: 1390 Brickell Avenue

Authorized suite 200, Miami FL 33131

Person _____

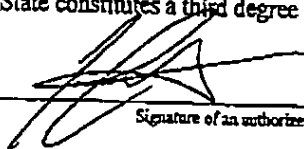
Other _____ Other _____

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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

John Campbell Mancini

Typed or printed name of signer

Delaware

The First State

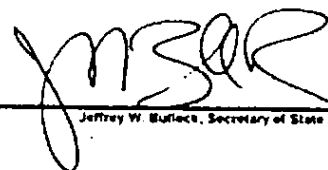
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "280843 OIL SERVICES, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTH DAY OF OCTOBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "280843 OIL SERVICES, LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF JULY, 2006.

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

FILED
2019 OCT 17 PM 4:45
JEFFREY W. BULLOCK, SECRETARY OF STATE
DELAWARE




Jeffrey W. Bullock, Secretary of State

4195701 8300

SR# 20197443960

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203750775

Date: 10-08-19