

NA210000007670

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

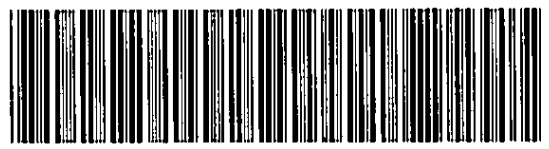
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

Handwritten signature and date: LHS 6/18/21 ✓



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 16, 2021

JOSE ANTONIO PEREZ HELGUERA  
2811 PONCE DE LEON BLVD.  
STE 710  
MIAMI, FL 33134

SUBJECT: AGAVE PLAZA HOTEL, LLC  
Ref. Number: W21000067706

We have received your document for AGAVE PLAZA HOTEL, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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: 221A00010267

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TALLAHASSEE, FL

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JUN 14 2021

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Agave Plaza Hotel, 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:

Jose Antonio Perez Helguera  
Name of Person  
Agave Holdings, LLC  
Firm/Company  
2811 Ponce De Leon Blvd, Ste. 710  
Address  
Miami, FL 33134  
City/State and Zip Code  
lescobar@agaveponce.com  
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Elayne Escobar at ( 305 ) 858-1890  
Name of Contact Person Area Code Daytime Telephone Number

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

Street Address:  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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. Agave Plaza Hotel, 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. 84-2214851  
(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. 2811 Ponce De Leon Blvd, Ste 710  
(Street Address of Principal Office)

6. 2811 Ponce De Leon Blvd, Ste 710  
(Mailing Address)

Miami, FL 33134  
Miami, FL 33134

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

Name: JOSE ANTONIO PEREZ HELGUERA

Office Address: 2601 S. BAYSHORE DR. #250

MIAMI, Florida 33133  
(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.

  
(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: JOSE ANTONIO PEREZ HELGUERA

Member Address: 2811 PONCE DE LEON BLVD.

Authorized SUITE 710, LOCAL 8080S, FL

Person 33134

Other \_\_\_\_\_  Other \_\_\_\_\_

Title or Capacity: Name and Address:

Manager Name: CARLOS BECKHAW

Member Address: 2811 PONCE DE LEON BLVD.

Authorized SUITE 710, LOCAL 8080S, FL

Person 33134

Other \_\_\_\_\_  Other \_\_\_\_\_

Manager Name: \_\_\_\_\_

Member Address: \_\_\_\_\_

Authorized \_\_\_\_\_

Person \_\_\_\_\_

Other \_\_\_\_\_  Other \_\_\_\_\_

Manager Name: \_\_\_\_\_

Member Address: \_\_\_\_\_

Authorized \_\_\_\_\_

Person \_\_\_\_\_

Other \_\_\_\_\_  Other \_\_\_\_\_

Manager Name: \_\_\_\_\_

Member Address: \_\_\_\_\_

Authorized \_\_\_\_\_

Person \_\_\_\_\_

Other \_\_\_\_\_  Other \_\_\_\_\_

Manager Name: \_\_\_\_\_

Member Address: \_\_\_\_\_

Authorized \_\_\_\_\_

Person \_\_\_\_\_

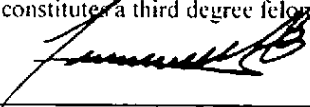
Other \_\_\_\_\_  Other \_\_\_\_\_

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 TALLAHASSEE, FL

**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

JOSE ANTONIO PEREZ HELGUERA.  
 \_\_\_\_\_  
 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 THAT "AGAVE PLAZA HOTEL, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF FORMATION, FILED THE THIRD DAY OF JANUARY, A.D. 2019, AT 4:22 O'CLOCK P.M.

CERTIFICATE OF MERGER, FILED THE FOURTH DAY OF MARCH, A.D. 2019, AT 2:49 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE AFORESAID LIMITED LIABILITY COMPANY, "AGAVE PLAZA HOTEL, LLC".

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AGAVE PLAZA HOTEL, LLC" WAS FORMED ON THE THIRD DAY OF JANUARY, A.D. 2019.

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

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SECRETARY OF STATE  
DELAWARE



  
Jeffrey W. Bullock, Secretary of State

7221755 8310

SR# 20212173183

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

Authentication: 203315213

Date: 05-27-21