

M23000007934

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

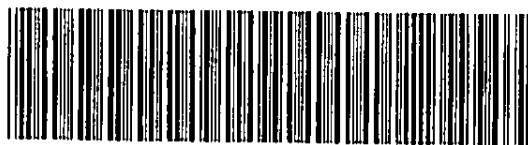
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COVER LETTER

TO: Registration Section ;
Division of Corporations

CMA ARCHITECTS & ENGINEERS LLC

SUBJECT: _____
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:

Euribiades Cerrud II, Esq.

Name of Person

The PCB Firm, P.A.

Firm/Company

14938 Hartford Run Drive

Address

Orlando, Florida 32828-7836

City/State and Zip Code

PCBLaw@iCloud.com

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

For further information concerning this matter, please call:

Euribiades Cerrud II, Esq.

407

758-6100

Name of Contact Person at () _____
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:

CMA ARCHITECTS & ENGINEERS LLC

1. _____
(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.")
Commonwealth of Puerto Rico

2. _____ 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (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)

1509 F.D. Roosevelt Avenue

P.O. Box 11490

5. _____ 6. _____
(Street Address of Principal Office) (Mailing Address)

Guaynabo, Puerto Rico 00968-2612

San Juan, Puerto Rico 00922-1490

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

The PCB Firm, P.A.

Name: _____

14938 Hartford Run Drive

Office Address: _____


Orlando

32828-7836

_____, Florida _____
(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)

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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:**
JOSE TORRES-RODRIGUEZ
☒ Manager Name: _____
1818 CALLE 6 SO URD.
☐ Member Address: _____
VILLA MAGNA
☐ Authorized _____
SAN JUAN, PUERTO RICO USA 00921
Person _____
☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**
ALVIN M. RODRIGUEZ-BONILLA
☒ Manager Name: _____
SAN PATRICIO APT. 1-4
☐ Member Address: _____
AVENIDA SAN PATRICIO, APT. 2005
☐ Authorized _____
GUAYNABO, PUERTO RICO USA 00968
Person _____
☐ Other _____ ☐ Other _____

Name and Address:
LUIS F. MERLE-RAMIREZ
☒ Manager Name: _____
COND. IL VILLAGGIO J4
☐ Member Address: _____
SAN PATRICIO AVENUE, APT. 302E (BOX 16)
☐ Authorized _____
GUAYNABO, PUERTO RICO USA 00968
Person _____
☐ Other _____ ☐ Other _____

Name and Address:
JOSE A. CARRO-MIRANDA
☒ Manager Name: _____
URB. ADOQUINES
☐ Member Address: _____
70 CALLE SAN CRISTOBAL
☐ Authorized _____
SAN JUAN, PUERTO RICO USA 00926
Person _____
☐ Other _____ ☐ Other _____

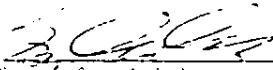
Name and Address:
ARIEL VERA-BEVERAGGI
☒ Manager Name: _____
PARQUE DE SAN IGNACIO
☐ Member Address: _____
A34 CALLE 1
☐ Authorized _____
SAN JUAN, PUERTO RICO USA 00921
Person _____
☐ Other _____ ☐ Other _____

Name and Address:
SUZ A. ARROYO-GARCIA
☒ Manager Name: _____
ARBOLES DE MONTEHIEDRA
☐ Member Address: _____
510 ILAN ILAN
☐ Authorized _____
SAN JUAN, PUERTO RICO USA 00926
Person _____
☐ Other _____ ☐ 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

SUZ A. ARROYO-GARCIA

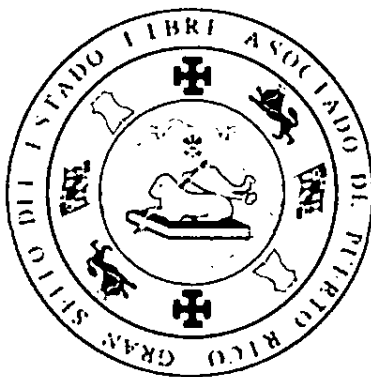
Typed or printed name of signer



CERTIFICATE OF GOOD STANDING

I, **Omar J. Marrero Díaz**, **Secretary of State** of the Government of Puerto Rico,

CERTIFY: That, pursuant to Puerto Rico's General Law of Corporations, **CMA ARCHITECTS & ENGINEERS LLC**, register number **129**, a **for profit domestic** Limited Liability Company organized under the laws of Puerto Rico on **September 11, 2003**, has complied with the payment of its Annual Fees.



IN WITNESS WHEREOF, the undersigned by virtue of the authority vested by law, hereby issues this certificate and affixes the Great Seal of the Government of Puerto Rico, in the City of San Juan, Puerto Rico, today, **June 15, 2023**.

Omar J. Marrero Díaz
Secretary of State

To validate this certificate go to:

<https://www.dss.gov.pr>

This certificate is valid for one (1) year from issue date (Regulation 8688, Art. 26). However, it is subject to faithful compliance with the provisions of Chapter XV and Chapter XXI of Act 164-2009, as applicable.

Certificate Validation Number: **560805-35972111**

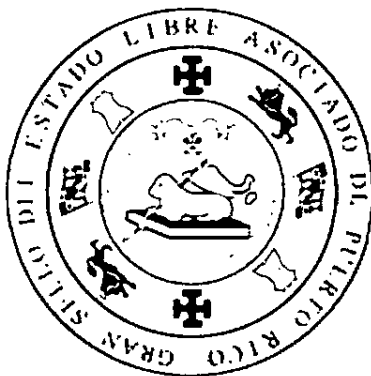


CERTIFICADO DE EXISTENCIA

Yo, **Omar J. Marrero Díaz**, **Secretario de Estado** del Gobierno de Puerto Rico,

CERTIFICO: Que, de acuerdo con nuestros archivos, "**CMA ARCHITECTS & ENGINEERS LLC**" con número de registro **129**, es una **compañía de responsabilidad limitada doméstica con fines de lucro** organizada el **11 de septiembre de 2003**.

Esta certificación no implica que esta corporación haya cumplido con el requisito de radicar informes anuales conforme a la Ley General de Corporaciones, según enmendada. Si usted interesa saber si esta corporación ha rendido informes anuales, deberá solicitar una Certificación de Cumplimiento ("Good Standing").



EN TESTIMONIO DE LO CUAL, firmo el presente y hago estampar en él el Gran Sello del Gobierno de Puerto Rico, en la ciudad de San Juan, Puerto Rico, hoy, **31 de mayo de 2023**.

Omar J. Marrero Díaz
Secretario de Estado

Para validar este certificado acceda a:

<https://portal.pr.gov>

Este certificado podrá ser validado un número ilimitado de veces antes de la fecha de expiración 30-may.-2024.

Número de Validación del Certificado: **555506-54476592**