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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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FLORIDA DEPARTMENT OF STATE Division of Corporations

May 4, 2016

MARIA DEL PILAR CERDA TORREBELLA 2155 NW 140 AVE PEMBROKE PINES, FL 33028

SUBJECT: NUPICS LLC Ref. Number: W16000032767

We have received your document for NUPICS LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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.

Dionne M Scott Regulatory Specialist II

Letter Number: 316A00009327

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SECRETARY OF STATE
SECRETARY OF STATE

COVER LETTER

	egistration Section ivision of Corporation	s			•			
SUBJECT	NUPICS LLC							
SUBJECT	•	Name of	Limited Liability (Company				
		eign Limited Liability Com d to register the above refer						
Please retui	rn all correspondence c	oncerning this matter to the	following:					
	Maria del Pilar	Cerda Torrebella						
		N	Name of Person					
	Nupics LLC							
		F	irm/Company					
	2155 NW 140 A	WE				Z S	=	
	<u> </u>		Address				C)	
	Pembroke Pines	s / Florida 33028					S- NOT	
		City/S	State and Zip Code			Tio.		ודן
	pilarddd@gmail.	com					₩ Ģ	\Box
		E-mail address: (to be use	ed for future annual	report not	ification)	ŞH	(1) (1)	
For further	information concerning	g this matter, please call:						
N	faria del Pilar Cerdà		+1 at (252327	3626			
	Name o	f Contact Person	Area Code	Day	time Telephone Nu	mber		
Di Re P.	AILING ADDRESS: ivision of Corporations egistration Section O. Box 6327 allahassee, FL 32314			Division Registrat Clifton B 2661 Exe	of Corporations ion Section uilding cutive Center Circle iee, FL 32301	;		
	s a check for the follow \$125.00 Filing Fee	ing amount: ■ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy	ng Fee &	□ \$160.00 Filing of Status & Certif			e

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

NUPICS LLC			
(Name of Fore	eign Limited Liability Company; must includ	le "Limited Liability Company," "L.L.C.," or	"LLC.")
iability Company," "L.L.C,	" or "LLC.")	sacting business in Florida. The alternate nat	me must include "Limited
DELAWARE	3.	36-4834 189	
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable)
- <u></u>	(Date first transacted business in Flaguery (See sections 605.0904 & 605.0905, F	orida, if prior to registration.)	
2155 NW 140 AVE, PI	(See sections 605.0904 & 605.0905, F EMBROKE PINES, 33028, FLORIDA	S. to determine penalty liability)	
			AACE SA CA
	(Street Address of Principa EMBROKE PINES, 33028, FLORIDA	·	
	(Mailing Address		5 5 5
'. Name and street addres	製品 55		
Name:	Maria del Pilar Cerda Torrebella		
	2155 NW 140 AVE		
Office Address:	2155 NW 140 AVE	33028	
Office Address:	Pembroke Pines	, Florida 33028	_
Registered agent's accep	Pembroke Pines (City)	, Florida(Zip code)	_
Registered agent's accep Having been named as re lesignated in this applica o complywith the provisi	Pembroke Pines (City) tance: rgistered agent and to accept service of particular to the componition of th	, Florida	is capacity. I further agi
Registered agent's accep Having been named as re lesignated in this applica o complywith the provisi	Pembroke Pines (City) tance: gistered agent and to accept service of tion, I hereby accept the appointment accept of the proper	, Florida (Zip code) process for the above stated limited liabs registered agent and agree to act in the	is capacity. I further agi
Registered agent's accep Having been named as re lesignated in this applica o complywith the provisi	Pembroke Pines (City) tance: gistered agent and to accept service of tion, I hereby accept the appointment a ons of all statutes relative to the proper my position as registered agent	, Florida (Zip code) process for the above stated limited liabs registered agent and agree to act in the	is capacity. I further agi
Registered agent's accep Having been named as re lesignated in this applica o complywith the provisi accept the obligations of i	Pembroke Pines (City) tance: registered agent and to accept service of tion, I hereby accept the appointment at ons of all statutes relative to the proper my position as registered agent (Registered agent acity and address of the person(s) who have	, Florida (Zip code) process for the above stated limited liab is registered agent and agree to act in the and complete performance of my duties ent's signature)	is capacity. I further agi
Registered agent's acceptaving been named as relesignated in this applica o complywith the provisincept the obligations of its accept the allowing title or capa	Pembroke Pines (City) tance: registered agent and to accept service of tion, I hereby accept the appointment at ons of all statutes relative to the proper my position as registered agent (Registered agent acity and address of the person(s) who have	, Florida (Zip code) process for the above stated limited liab is registered agent and agree to act in the and complete performance of my duties ent's signature)	is capacity. I further agi
Registered agent's accept Having been named as relesignated in this applica to complywith the provision accept the obligations of the B. The name, title or capa Maria del Pilar Cerda Tor President	Pembroke Pines (City) tance: registered agent and to accept service of tion, I hereby accept the appointment at ons of all statutes relative to the proper my position as registered agent (Registered agent acity and address of the person(s) who have	, Florida (Zip code) process for the above stated limited liab is registered agent and agree to act in the and complete performance of my duties ent's signature)	is capacity. I further agi

Maria del Pilar Cerda Torrebella

Typed or printed name of signee

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "NUPICS 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 NINTH DAY OF MAY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NUPICS LLC" WAS FORMED ON THE EIGHTH DAY OF APRIL, A.D. 2016.

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

16 JUN -8 AN IO: 55
SECRETARY OF STATE
TAIL ANASSTE FLORIDA

at corp.delaware.gov/au

Authentication: 202280252

Date: 05-09-16

6011148 8300 SR# 20162950924

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