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(Requestor's Name)

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(City/State/Zip/Phone #)

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

\_\_\_\_\_  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALT  
EXAMINER  
SEP -8

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Confianz International Trade, 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:

Jay Harold Yalove

Name of Person

Confianz International Trade, LLC

Firm/Company

2525 Ponce de Leon Boulevard, Suite 300

Address

Coral Gables, FL 33134

City/State and Zip Code

jay@confianzinternational.com

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

For further information concerning this matter, please call:

Jay Harold Yalove

at ( 678 )

819-8083

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

Enclosed is a check for the following amount:

☐ \$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. Confianz International Trade, 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. Tennessee  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 47-4396433  
(FEI number, if applicable)

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

5. 2525 Ponce de Leon Boulevard, Suite 300  
Coral Gables, FL 33134  
(Street Address of Principal Office)

6. 2525 Ponce de Leon Boulevard, Suite 300  
Coral Gables, FL 33134  
(Mailing Address)

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

Name: C T Corporation System  
Office Address: 1200 South Pine Island Road, Suite 250  
Plantation, Florida 33324  
(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.

By: C T Corporation System Cristina Lam  
(Registered agent's signature) Vice President

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Jay Harold Yalove  
Managing Member (Single Member Foreign Florida LLC)  
2525 Ponce de Leon Boulevard, Suite 300, Coral Gables, FL 33134

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)

Jay Harold Yalove Managing Member  
Signature of an authorized person

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.

Jay Harold Yalove  
Typed or printed name of signee

FILED  
2016 SEP - 6 PM 12:19  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA



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2016 SEP -6 PM 12:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**STATE OF TENNESSEE**  
**Tre Hargett, Secretary of State**

Division of Business Services  
William R. Snodgrass Tower  
312 Rosa L. Parks AVE, 6th FL  
Nashville, TN 37243-1102

**JAY HAROLD YALOVE**  
JAY HAROLD YALOVE  
SUITE 250  
9041 EXECUTIVE PARK DRIVE  
KNOXVILLE, TN 37923

August 26, 2016

**Request Type: Certificate of Existence/Authorization**  
Request #: 0212487

Issuance Date: 08/26/2016  
Copies Requested: 1

**Document Receipt**

Receipt #: 002862015  
Payment-Credit Card - State Payment Center - CC #: 3681878807  
Filing Fee: \$20.00  
\$20.00

**Regarding: Confianz International Trade, LLC**  
Filing Type: Limited Liability Company - Domestic  
Formation/Qualification Date: 06/15/2015  
Status: Active  
Duration Term: Perpetual  
Business County: KNOX COUNTY

Control #: 803429  
Date Formed: 06/15/2015  
Formation Locale: TENNESSEE  
Inactive Date:

**CERTIFICATE OF EXISTENCE**

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

**Confianz International Trade, LLC**

- \* is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;
- \* has paid all fees, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- \* has filed the most recent annual report required with this office;
- \* has appointed a registered agent and registered office in this State;
- \* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett  
Secretary of State

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