# M20000002992

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
W2000029755 04099
04099





600341914726

53/18/20 3/18/20

## FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

3/9/20

NAME: SANZ INTERNATIONAL LLC

TYPE OF FILING: APPLICATION

COST:

155.00

RETURN: CERTIFIED COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

abbie Hodge

#### **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJE	SANZ INTERNATIONAL, LL		
		Name of Limited Liability Company	<del>-</del> .
The end Existen	closed "Application by Foreign Limited ce, and check are submitted to register	d Liability Company for Authorization to Transact Business in Florida the above referenced foreign limited liability company to transact bu	a," Certificate of siness in Florida
Please	return all correspondence concerning the	is matter to the following:	·
	DEBORAH FANICH		
•		Name of Person	_
	LEWIS BRISBOIS BISGA	ARD & SMITH LLP	
		Firm/Company	_
	110 SE 6TH STREET, SUI	ΓΕ 2600 -	
	•	Address	_
	FORT LAUDERDALE, FL	33301	
		City/State and Zip Code	<del>-</del>
	DEB.FANICH@LEWISBRIS	воів.сом	
	E-mail add	ress: (to be used for future annual report notification)	_
For furti	her information concerning this matter,	please call:	
	DEBORAH FANICH	954 495-2209° at ( )	7020 KAR
	Name of Contact Per	son 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	-9 AH II: 29
		amount:  IDA DEPARTMENT OF STATE  Filing Fee &  \$155.00 Filing Fee &  \$160.00 Filing Fee,  ertificate of Status Certified Copy of Status & Certificate	, Certificate rtified 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. SANZ INTERNATION (Name of Foreign	AL, LLC Limited Liability Company; must include "Limited	Liability (	Company," "L.L.C.," or "LLC.")		
FLORIDA SANZ INTE		Z.Zomiy	company, manes, or above,		•
	name adopted for the purpose of transacting business in Flo	rida. The al	ternate name must include "Limited Liability Con	pany," "L.L.C," or "L	.LC.")
TEXAS					-
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	3.	(FEI number, if appli	:able)	
January 13, 2020					
4	(Date first transacted business in Florida, if prior to n (See sections 605 0904 & 605,0905, F.S. to determine	gistration.) ic penalty li	ability)		
13807 NW 4TH STRE 5.	EET	۲	11760 CLAY RD		
(Street Address of Principal Office)		0	(Mailing Address)	<del></del>	•
SUITE D			·		
SUNRISE.FL 33325		 i	HOUSTON, TX 77043		•
7. Name and street address	ss of Florida registered agent: (P.O. Box	<u>NOT</u> ac	cceptable)		
Name:	BENJAMIN SZELL			2020 KAR	
Office Address:	13807 NW 4TH STREET, SUITE D			M.R9	
	SUNRISE		33325	Æ	7
	(City)		, Florida (Zip code)	ÆH: 2	$\int_{\Omega}$
designated in this applicate to comply with the provisi	tance: gistered agent and to accept service of pation, I hereby accept the appointment as ions of all statutes relative to the proper is of my position as registered agent.  (Registered agentials)	register and com	ed agent and agree to act in this c	company at the apacity. I furth	er aeree

Title or Capacity:	Name and Address:	Title or Capacity:		Name and Address:
□Manager	Name: FERNANDO SANZ JUAREZ	□Manager	Name:	
□Mcmber	Address: Pino 440-A	□Member	Address: _	
■Authorized	Col. Santa Maria Insurgentes	□Authorized	<del></del>	
Person	Cuauhtemoc, Mexico City 06430 Mexico	Person		
□Other		□Other		□Other
□Manager	Name:	□Manager	Name:	<del>-</del>
□Member	Address:	□Member	Address: _	
□Authorized		□Authorized- '		
Person	-	Person		
Other	Other	□Other		□Other
	•			
□Manager	Name:	□Manager	Name:	21120
□Member	Address:	□Member	Address: _	THE R
□Authorized		□Authorized		6 ;
Person		Person	<del></del>	<b>A</b>
□Other	Other	□Other ·		Other
9. Attached is a certijurisdiction under the of the translator mus	se an attachment to report more than six (6). It may be added to the index when filing your Flaticate of existence, no more than 90 days old, the law of which it is organized. (If the certificate to be submitted)  so executed in accordance with section 605,020 ment to the Department of State constitutes a the	duly authenticated by the te is in a foreign language	official having a translation	ort form.  ng custody of records in the cof the certificate under oath

Typed or printed name of signee

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



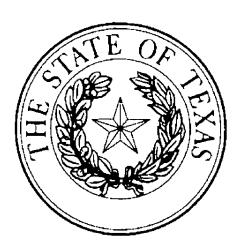
## Office of the Secretary of State

### **Certificate of Fact**

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Sanz International, LLC (file number 803477228), a Domestic Limited Liability Company (LLC), was filed in this office on November 22, 2019.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on March 05, 2020.



Phone: (512) 463-5555

Prepared by: SOS-WEB

Ruth R. Hughs Secretary of State

Dial: 7-1-1 for Relay Services

Document: 953109660003

Fax: (512) 463-5709 TID: 10264