F1800000345

(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:					
w18-66675 Spoke to Ligia who gave permission to add corp.					
Spoke to Ligia who gave					
permission to add corp.					

Office Use Only



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2010 JUL 23 PM 5: 10

B FIGUEROA.

JUL 28 2018



July 21, 2018

LIGIA MUNGUIA 3001 SW 3 AVE MIAMI, FL 33126

SUBJECT: OPTIMUM PRIME LIMITED

Ref. Number: W18000066675

We have received your document for OPTIMUM PRIME LIMITED and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return the corrected original and one copy of 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.

Letter Number: 118A00015010

Brittany M Figueroa
Regulatory Specialist II
Registration/Qualification Section

www.sunbiz.org

Division of Communitions D.O. DOV (2007 Well-above Plevide 2001)

COVER LETTER

TO:	Division of Corporations OPTIMUM PRIME LIMITED				
SUBJ	ECT:Name of	corporation -	must include suffix		
Dear S	Sir or Madam:				
"Certi	nclosed "Application by Foreign Corp ficate of Existence," or "Certificate of referenced foreign corporation to tran	f Good Stand	ing" and check are sub-		
Please	return all correspondence concerning	this matter t	o the following:		
Ligia !	Munguia				
		Name of Po	erson		
Marko	& Magolnick, P.A.				
		Firm/Comp	any		
3001 S	SW 3 Avenue				
		Addres	s		
Miami ——	, FL 33126				
		City/State and	l Zip code		
ligia@	mm-pa.com				
	la-mail address: (to be used to	r future annual report n	otification)	
For fu	rther information concerning this mat	ter, please ca	II:		
Ligia Munguia 305		305	725-1477		
	Name of Person	(Code) Davtime Teleph	nona Numbur	
	ranic or reison	Area Code	Daytime relegio	ione Number	
STREET/COURIER ADDRESS: Registration Section			MAILING ADDRESS: Registration Section		
Division of Corporations			Division of Corporations		
Clifton Building			P.O. Box 6327		
	2661 Executive Center Circle Tallahassee, FL 32301		Tallahassee, Fl	32314	
Enclos	sed is a check for the following amoun	nt:			
\$ \$70	0.00 Filing Fee		\$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee. Certificate of Status & Certified Copy	

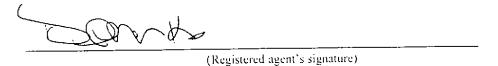
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503. FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

	ME LIMITED COYP		
(Enter name of co	rporation; must include "INCORPORATED," rp." "Inc," "Co." or "Corp.")	"COMPANY," "CORPORATION	ī.,
	ble in Florida, enter alternate corporate name a		
St. Lucia 2	3.	(FEI number, if applicable) (Date of duration, if other than perpetual)	
(State or country June 11, 2018 4.			
(Date	of incorporation)	(Date of duration, if other	than perpetual)
703 Waterford W	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15 ay, Suite 590, Mrami, Florida 33126	a Florida, if prior to registration) 502, F.S., to determine penalty liability only office address)	iy)
	· '		
	(Current mailin	ng address, if different)	
8. Name and stree Name:	et address of Florida registered agent: (P.C.) M&M RA Services, LLC	D. Box <u>NOT</u> acceptable)	2018 JUL 23
Office Address:	3001 SW 3 Avenue		3 PA (
	Miami	33129 , Florida	10 15 0
	(City)	(Zip code)	(F) (G)

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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.



10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to

11. Names and business addresses of officers and/or directors: A. DIRECTORS Lourdes Peters Chairman: 703 Waterford Way, Suite 590, Miami, Florida 33126 Address: ______ Vice Chairman: _____ Maikel Garcia Director: 703 Waterford Way, Suite 590, Miami, Florida 33126 Address: ______ Alina Garcia-Barbon Director: ______ 703 Waterford Way, Suite 590, Miami, Florida 33126 Address: ______ B. OFFICERS Address: _____ Vice President: Secretary: ____ Address: Treasurer: ___ ____. Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. Maikel Garcia, Director

(Typed or printed name and capacity of person signing application)

