

F19000002698

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

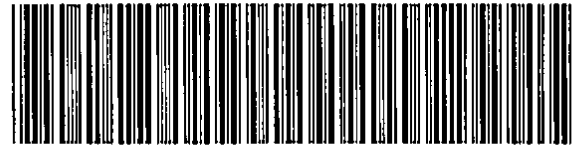
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



500329842265

05/31/19--01018--007 **70.00

FILED
2019 MAY 31 PM 4:41
CLERK OF DISTRICT COURT
JULIA M. STEPHENSON

Y SCOTT

JUN 11 2019

✓

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COMMERCIAL PEOPLE LLC

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

ANDREA ROSERO

Name of Person

COMMERCIAL PEOPLE LLC

Firm/Company

6820 AXIS WEST CIRCLE, APT 1309,

Address

ORLANDO, FL 32821

City/State and Zip code

ANDREAM77@COMMERCIALPEOPLELLC.COM

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

For further information concerning this matter, please call:

ANDREA ROSERO

407

803-5267

at ()

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 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.

COMMERCIAL PEOPLE LLC

1. _____
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. NEW MEXICO 3. 84-1858657
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 05072015 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. 06/15/2019
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 6820 AXIS WEST CIRCLE, APT 1309, ORLANDO, FL 32821
(Principal office address)

AS ABOVE
(Current mailing address, if different)

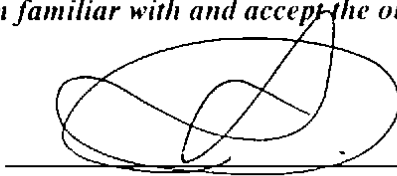
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: ANDREA ROSERO

Office Address: 6820 AXIS WEST CIRCLE, APT 1309
ORLANDO, Florida 32821
(City) (Zip code)

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.



(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: ANDREA ROSERO

Address: 6820 AXIS WEST CIRCLE, APT 1309
ORLANDO, FL 32821

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: ANDREA ROSERO

Address: 6820 AXIS WEST CIRCLE, APT 1309
ORLANDO, FL 32821

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. 

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. ANDREA ROSERO, PRESIDENT

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

FILED
2019 MAY 31 PM 4:41
CLERK OF CIRCUIT COURT
JUDICIAL CIRCUIT IN AND FOR
THE COUNTY OF ORANGE, FLORIDA

OFFICE OF THE SECRETARY OF STATE

NEW MEXICO

Certificate of Good Standing and Compliance

IT IS HEREBY CERTIFIED THAT:

COMMERCIAL PEOPLE, LLC.

5057540

the above named entity, a Company organized under the laws of New Mexico, is duly authorized to transact business in New Mexico as a Domestic Limited Liability Company, under the

Limited Liability Company Act

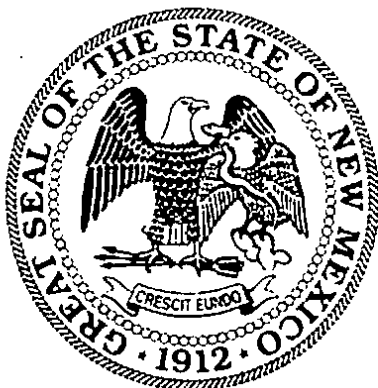
53-19-1 to 53-19-74 NMSA 1978

having filed its Articles of Organization on May 7, 2015, and Certificate of Organization issued as of said date.

It is further certified that the fees due to the Office of the Secretary of State which have been assessed against the above named entity have been paid to date and the entity is in good standing and duly authorized to transact business as its existence has not been revoked in New Mexico. This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entity's financial condition or business activities and practices.

Certificate Issued: **May 15, 2019**

In testimony whereof, the Office of the Secretary of State has caused this certificate to be signed on this day in the City of Santa Fe, and the seal of said office to be affixed hereto.



Maggie Toulouse Oliver

Maggie Toulouse Oliver
Secretary of State

Certificate Validation #: 0029617

A certificate issued electronically from the New Mexico Secretary of State's office is immediately valid and effective. The validity of a certificate may be established by viewing the **Certificate Validation** option on the Business Filing System at <https://portal.sos.state.nm.us/bfs/online> and following the instructions displayed under **Certificate Validation**.

NEW MEXICO AGENT, LLC

120 MADEIRA DRIVE NE, SUITE 100, ALBUQUERQUE NM 87108
307.237.2580 / 484.256.4563
ASSETPROFILE@GMAIL.COM

Congratulations on your acquisition of a New Mexico LLC.

Thank you for making us your registered agent. The state of New Mexico requires that each entity maintains a registered agent. The duty of the registered agent is to accept any legal mail for the company and forward it to the owner/responsible party.

THE REGISTERED AGENT OF YOUR NEW MEXICO COMPANY IS:

NEW MEXICO AGENT, LLC
120 Madeira Drive NE, Suite 100
Albuquerque NM 87108

Every year, please renew your registered agent service by February 28th.

PLEASE SEND ALL PAYMENTS FOR RENEWAL OF SERVICES TO:

GD Jalil
96 Commerce Drive, #187
Wyomissing PA 19610
307.237.2580
702.920.8824 fax
assetprofile@gmail.com

YOUR DOCUMENTS WILL BE EMAILED AND SENT IN PAPER FORM:

- ☐ Articles of Organization
- ☐ Four (4) copies of the Certificate of good standing/Certificate of Existence
- ☐ Updated address report with the State of NM.
- ☐ Congratulations sheet and checklist (this page)
- ☐ Employer Identification Number (EIN) Application Template
- ☐ Operating agreement for the LLC
- ☐ LLC resolutions
- ☐ Receipt if paying by credit card
- ☐ Renewal form for the following year

TO OPEN THE BANK ACCOUNT:

- ☐ Copy of the Articles of Organization
- ☐ Certificate of Good Standing/Certificate of Existence
- ☐ Updated Address Report with the State of New Mexico
- ☐ Resolution to open the bank account
- ☐ Initial Deposit
- ☐ Employer Identification Number (EIN)
- ☐ Copy of your driver's license
- ☐ Social Security Number