F24000003597

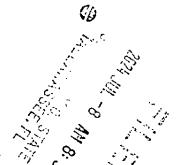
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AUTHORIZATION: ABBIE/PAUL HODGE

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:

Delaware		101104. 1110	alternate name must include "Limited Li	arounty company, true, i	or "LLC."
		3.			
(Jurisdiction under the law of which foreign limited liability company is organized)		3.	(FEI number, if applicable)		
<u> </u>	D			<u> </u>	
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	ine penalty	liability)		
1 E Broward Blvd., Suite 15000		6.	1 E Broward Blvd., Suite 15000		
et Address of Principal Office)		0.	(Mailing Address)		
Fort Lauderdale, FL 33301			Fort Lauderdale, FL 33301		
Name and street addres	ss of Florida registered agent: (P.O. Box	NOT a	acceptable)		
				69	
Name:	Lexey Hernandez			2021	
	1 E Description of Plant Spring 16000				''.'
Office Address:	1 E Broward Blvd., Suite 15000			JL−8 AπAS	
Office Address.			33301	Or Service American	ا معنود ا
Office Address.	Fort Lauderdale		. Florida	~ : 	در مصن
Office Address.	Fort Lauderdale (City)		, rionus(Zip code)		
	(City)		,	8: 31 STATE	المديا
gistered agent's accep ving been named as re	(City)		(Zip code) , for the above stated limited		

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

	Name and Address:	Title or Capacity:	Name and Address:
□Малаger	Name: Mr. Meat Master Inc.	■ Manager	Name: Rafael Hernandez
■Member	Address: 1 E Broward Blvd., Suite 15000	□Member	Address: 1 E Broward Blvd., Suite 15000
□Authorized	Fort Lauderdale, FL 33301	□Authorized	Fort Lauderdale, FL 33301
Person		Person	
□Other	Other	Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
Other	Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	Other	Other	Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

- 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)
- 10. 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.

Rafael Hernandez

Typed or printed name of signee



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

DELAWARE, DO HEREBY CERTIFY "SELZA INTERNATIONAL, 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 THIRD DAY OF JULY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SELZA INTERNATIONAL, LLC" WAS FORMED ON THE TWENTY-EIGHTH DAY OF JUNE, A.D. 2024.

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



Authentication: 203860267

Date: 07-03-24