

MO2000003058

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

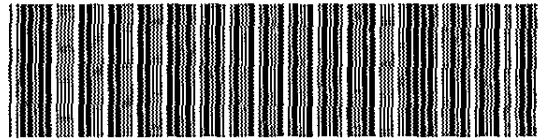
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/18/02--01051--018 **130.00

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02 NOV 18 PM 12:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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02 NOV 19 AM 12:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BK

11/14/02

To: Registration Section
Division of Corporations

I am requesting approval to register a foreign limited liability company to transact business in Florida.

The name of the business is Mastro Investments LLC
The contact person is Monique Mastropasqua
(813) 310-0105.

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02 NOV 16 PM 2:16
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TALLAHASSEE, FLORIDA

Business Address
18224 Collridge Dr.
Tampa FL 33647.
(813) 994-2909

Thank you.

Monique Mastropasqua V.P.
Mastro Investments LLC.

P.S I am also requesting a Certificate of Status
Thank you.

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. Mastro Investments, LLC.
(Name of foreign limited liability company)
2. Clark, Nevada
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 68-0527875
(FEI number, if applicable)
4. 10/15/02
(Date of Organization)
5. Perpetual
(Duration: Year limited liability company will cease to exist or "perpetual")
6. 10/15/02
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. 18224 Collridge Dr.
Tampa FL 33647
(Street address of principal office)

8. If limited liability company is a manager-managed company, check here ☒

9. The name and usual business addresses of the managing members or managers are as follows:

Frederic Mastropasqua 18224 Collridge Dr. Tampa FL 33647
Monique Mastropasqua 18224 Collridge Dr. Tampa FL 33647

10. Attached is an original 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. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: General Business

Monique Mastropasqua
Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)
Monique Mastropasqua
Typed or printed name of signee

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

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TALLAHASSEE, FLORIDA

1. The name of the Limited Liability Company is:

Mastro Investments LLC

2. The name and the Florida street address of the registered agent and office are:

Frederic Mastropasqua
(Name)

18224 Collridge Dr. Tampa
Florida street address (P.O. Box **NOT** ACCEPTABLE)

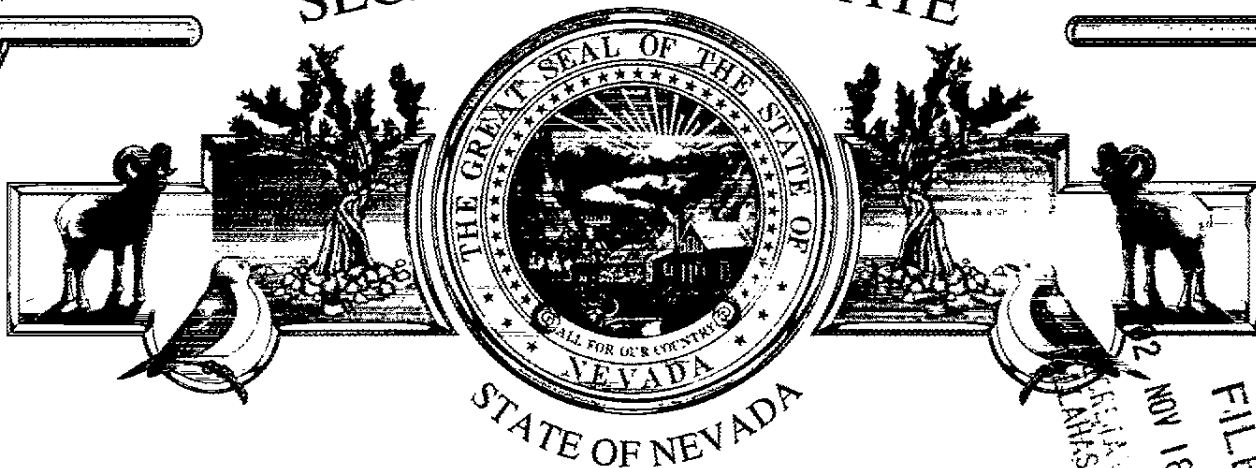
Tampa FL 33647
(City/State/Zip)

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

Frederic Mastropasqua
(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

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TREASURER OF STATE
TAMMSE: FLORIDA

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **MASTRO INVESTMENTS, LLC** as a limited-liability company duly organized under the laws of **NEVADA** and existing under and by virtue of the laws of the State of Nevada since **October 15, 2002**, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office, in Las Vegas, Nevada, on **October 16, 2002**.

A handwritten signature in cursive script, reading "Dean Heller".

DEAN HELLER
Secretary of State

By

A handwritten signature in cursive script, reading "Kaefer".

Certification Clerk

