M05000000971

	(Requestor's Name)
	(Address)
	(Address)
	
	(City/State/Zip/Phone #)
PICK-UF	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:
lame vailabilit y	
ocument Zaminer	
Jpdater	Office Use Only
Christa Cr	HC C
- Igement	DCC
· Verifi ver	DCC



500046192895

02/25/05--01031--009 **155.60

02/09/05--01035--002 **37.50

ECRITARY OF STATE LLAHASSEE, FLORIDA

FEB 24 PM 1: 37

FILED

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Kolegio LLC		
	ation - must include suffix)	_
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation f "Certificate of Existence," and check are submitted t transact business in Florida.	for Authorization to Transact Business in Florida," to register the above referenced foreign corporation to	o
Please return all correspondence concerning this mat	tter to the following:	
Ulises I. Orozco		
(Name	e of Person)	-
Kolegio LLC		
(Firm/	Company)	_
6930 NW 179th Street; Unit 406	<u>포</u> જ	26:
(A	ddress)	- 55 - 71
Miami, FL 33015		- E
(City/Sta	te and Zip code)	B 24 PI
For further information concerning this matter, please call:		MS FEB 24 PM 1: 3
Ulises I. Orozco at (786) 271-7628	·
	ea Code & Daytime Telephone Number)	
STREET ADDRESS:	MAILING ADDRESS:	
Registration Section Division of Corporations	Registration Section Division of Corporations	
409 E. Gaines St.	P.O. Box 6327	
Tallahassee, FL 32399	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 & ☐ \$87.50 Filing Fee, Certified Copy Certified Copy	s &

February 23, 2005

Diane Cushing Registration Section Devision of Corporations 409 East Gaines Street Tallahassee, FL 32399

Dear Diane,

Good day, hope all is well!

Enclosed please find the correct documentation. In order to avoid any further mistakes, I have enclosed a \$160.00 check made out to the Florida Department of State. I would be most obliged if you would VOID the check for \$87.50 that was previously issued to the state and return it with the Certificate of Status and Certified copy in the enclosed pre-paid FedEx envelope.

Should you have any questions, please do not hesitate to contact me directly at (786) 271-7628.

Best wishes,

Ulises I. Orozco



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

February 14, 2005

ULISES I. OROZCO KOLEGIO LLC 6930 NW 179TH STREET, UNIT 406 MIAMI, FL 33015

SUBJECT: KOLEGIO LLC Ref. Number: W05000007726

We have received your document for KOLEGIO LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have completed the wrong form for a limited liability company. Please complete the attached form. Please also notice that the filing fees are different. You will owe more money.

Please return 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) 245-6913.

Diane Cushing Document Specialist

Letter Number: 705A00010385

Division of Compositions D.O. DOV 6997 Wellshopped Florida 99914

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

LIN	COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FI MITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:		
1.	(Name of Foreign Limited Liability Company)		
-	(Name of Foreign Limited Liability Company)		
2.	Delaware 3 20-1973258 (EIN)		
2. (Jurisdiction under the law of which foreign limited liability company is organized) 3. 20-1973258 (EW) (FEI number, if applicable)	_	
1	12/3/44 5 Perús tra		
4.	(Date of Organization) 5. Corpet tous (Duration: Year limited liability company will cease to exist or "perpetual")	-	
6	N/A	_ 4	
0.	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	2005 F	
7.	9 East Luckerman Street; Suite 205; Dover, DE 19797	83	<u>-n</u>
	SSE SX	75	FILE
	(Street Address of Principal Office)	-22	Ö
	(Street Address of Finishpar Office)		
8.	If limited liability company is a manager-managed company, check here	 ယ	
	DI N		
9.	The name and usual business addresses of the managing members or managers are as follows:		
	Ulises I. Dozeo; 6930 NW 179th St.; Vn. + 406, Miumi, FL	33	0/5
	Fernanda Vargus, Jr. : 8852 Ab both Avenue; Surfside, Fl 33154	_	
		_	
10.	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of re-	cords	in
	jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a	- 01 01	
	slation of the certificate under oath of the translator must be submitted.)		
II.	Nature of business or purposes to be conducted or promoted in Florida:	-	
	College text but sales	۰	
	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.)		
	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.

1. The name of the Limited Liability Company is:			
Kokgie LLC			
2. The name and the Florida street address of the registered agent and office are:			
Whise I Orosec			
(Name)	<u>.</u>	201	
6430 NW 179 th St.; Unit 406 Florida Street Address (P.O. Box NOT ACCEPTABLE)		2005 FEB 24 PM 1: 37	-17
Florida Street Address (P.O. Box NOT ACCEPTABLE)		24	
_		<u></u>	(E)
Miami FL 33015 City/State/Zip	OF STATE	=	
City/State/Zip		 ယ	
	⊅'``		
Having been named as registered agent and to accept service of process for the above stated limit liability company at the place designated in this certificate, I hereby accept the appointment as regagent and agree to act in this capacity. I further agree to comply with the provisions of all statute relating to the proper and complete performance of my duties, and I am familiar with and accept to the proper and complete performance of my duties, and I am familiar with and accept to the proper and complete performance of my duties, and I am familiar with and accept to the proper and complete performance of my duties, and I am familiar with and accept to the proper and complete performance of my duties, and I am familiar with and accept to the proper and complete performance of my duties, and I am familiar with and accept to the proper and complete performance of my duties.	gister s	ed	
obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.			
(Signature)			

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

5.00 Certificate of Status (optional)

Delaware

PAGE

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "KOLEGIO 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 SECOND DAY OF FEBRUARY, A.D. 2005.

SECRETARY OF STATE



Warriet Smith Hindson
Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 3659169

DATE: 02-02-05

3890857 8300

050087767