# M05000001024

(Re	equestor's Name)	···
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name)	·- <u>-</u>
(Do	ocument Number)	
Certified Copies	_ Certificates of Status	
Special Instructions to	Filing Officer:	}

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#### TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: LATIN A	Merican Investment Group UC. Name of Limited Liability Company)
(	Name of Limited Liability Company)
	n Limited Liability Company for Authorization to Transact Business in d check are submitted to register the above referenced foreign limited in Florida
Please return all correspondence cond	cerning this matter to the following:
	DAVE LEVY (Name of Person)
LATIN AME	Cicsa (NUESTILENT GRAP, LLC. (Firm/Company)
	(Firm/Company)
13155	SW 42ND STREET, SVITE # 108  (Address)
	(Address)
Hisa	i City/State and Zip Code)
For further information concerning th	(33) 3340 440 450
DAVE LEVU	at (305) 229-7224  On) (Area Code & Daytime Telephone Number)
(Name of Perso	on) (Area Code & Daytime Telephone Number)
STREET ADDRESS:	MAILING ADDRESS:  Registration Section
Registration Section Division of Corporations	Registration Section Division of Corporations
409 E. Gaines Street	P.O. Box 6327
Tallahassee, Florida 32399	Tallahassee, Florida 32314

\$160.00 Filing Fee, Certificate of Status & Certified Copy □ \$125.00 Filing Fee □ \$130.00 Filing Fee & □ \$155,00 Filing Fee & Certificate of Status Certified Copy

Enclosed is a check for the following amount:

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: (Name of Foreign Limited Liability Company) SPATE of DELouage 3. 14-1920942 (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) 5. Q070
(Duration: Year limited liability company will cease to (Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability) GEAST LOCKERIAN, SUITE Dovel Delaure 19901
(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: DAVE LEVY - 1315T SW 42NDSF. #108, MIMMI, PE 53175 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: Wholesale of

Construction Hatelial Electrical Supplies & MARRICALS. Signature of a member of an authorized representative of a member. (In accordance with section 608.498(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

DAVE LEVY
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:
<u>LATIA</u>	American Investment RAMP, LLC.
2. The name and th	ne Florida street address of the registered agent and office are:
	Dove Levy
	13155 SW 42ND ST, SUITEH 108 Florida Street Address (P.O. Box NOT ACCEPTABLE)
	Mix mi, Fls. FL 33175  City/State/Zip
liability company at agent and agree to relating to the prope	as registered agent and to accept service of process for the above stated limited the place designated in this certificate, I hereby accept the appointment as registered act in this capacity. I further agree to comply with the provisions of all statutes are and complete performance of my duties, and I am familiar with and accept the sition as registered agent as provided for in Chapter 608, Florida Statutes.
	(Signature)

\$ 100.00 Filing Fee for Application

\$ 25.00

\$ 30.00 \$ 5.00 Designation of Registered Agent

Certificate of Status (optional)

**Certified Copy (optional)** 



PAGE 1

#### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LATIN AMERICAN INVESTMENT GROUP, 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 NINTH DAY OF FEBRUARY, A.D. 2005.



Darriet Smith Hindson

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 3675060

DATE: 02-09-05

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