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2009 MAR 18 PM 2:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS

MAR 19 2009

EXAMINER

COVER LETTER

FEI 26-4350275

TO: Registration Section  
Division of Corporations

SUBJECT: GARCIA FAMILY APP SECURITIES, LLC  
(Name of Limited Liability Company)

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

HECTOR GARCIA

(Name of Person)

GARCIA FAMILY APP SECURITIES, LLC

(Firm/Company)

12895 SW 132 STREET, SUITE 200

(Address)

MIAMI, FLORIDA 33186

(City/State and Zip Code)

For further information concerning this matter, please call:

YOLANDA HERNANDEZ

(Name of Person)

at ( 305 ) 971-0102

(Area Code & Daytime Telephone Number)

**MAILING ADDRESS:**

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

**STREET ADDRESS:**

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

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy    ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 16, 2009

HECTOR GARCIA / GARCIA FAMILY APP SECURITES, LLC  
12895 SW 132 STREET  
SUITE 200  
MIAMI, FL 33186

SUBJECT: GARCIA FAMILY APP SECURITIES, LLC  
Ref. Number: W09000012238

We have received your document for GARCIA FAMILY APP SECURITIES, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper, that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

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) 245-6047.

Carolyn Lewis  
Regulatory Specialist II

Letter Number: 109A00008826

**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. GARCIA FAMILY APP SECURITIES LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")

2. STATE OF ALASKA 3. 26-4350275  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 2/23/2009 5. PERPETUAL  
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 12895 SW 132 STREET  
MIAMI, FLORIDA 33186  
(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:

HECTOR GARCIA  
12895 SW 132 STREET  
MIAMI, FLORIDA 33186

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: \_\_\_\_\_

ANY AND ALL LAWFUL BUSINESS

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.)

HECTOR GARCIA

Typed or printed name of signee

FILED  
2009 MAR 18 PM 2:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

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

2009 MAR 18 PM 2:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:

GARCIA FAMILY APP SECURITIES, LLC

If name unavailable, the alternate name to be used in the state of Florida is:

\_\_\_\_\_

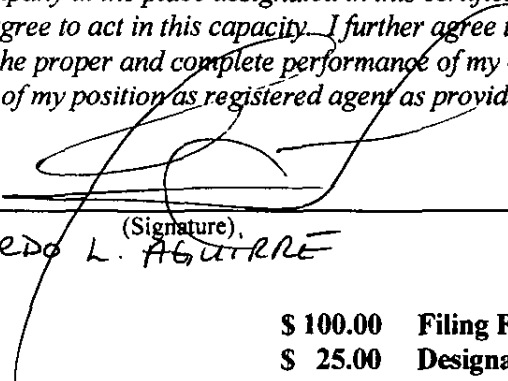
2. The name and the Florida street address of the registered agent and office are:

GERARDO L. AGUIRRE  
(Name)

12895 SW 132 STREET  
Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Miami FL 33186  
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, Florida Statutes.*

  
(Signature)  
GERARDO L. AGUIRRE

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

Alaska Entity # 120680

**State of Alaska**  
**Department of Commerce, Community, and Economic**  
**Development**

**CERTIFICATE**  
**OF**  
**GOOD STANDING**

THE UNDERSIGNED, as Commissioner of Commerce, Community, and Economic Development of the State of Alaska, and custodian of corporation records for said state, hereby certifies that

**GARCIA FAMILY APP SECURITIES, LLC**

on the 23rd day of February, 2009 filed in this office its Articles of Organization for a Limited Liability Company organized under the laws of this state.

I FURTHER CERTIFY that said Limited Liability Company is in good standing, having fully complied with all the requirements of this office.

No information is available in this office on the financial condition, business activity or practices of this corporation.



IN TESTIMONY WHEREOF, I execute this certificate and affix the Great Seal of the State of Alaska on the 18th day of March, 2009.

A handwritten signature in cursive script, reading "Emil Notti".

Emil Notti  
Commissioner

Certification Number: 322048-1

Verify this certificate online at <https://myalaska.state.ak.us/business/soskb/verify.asp>