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(F	Requestor's Name)		
( <i>f</i>	Address)		
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PICK-UP	☐ WAIT	MAIL MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates o	f Status	
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M. THOMAS

OCT 2 7 2009

**EXAMINER** 

#### **COVER LETTER**

	on Section of Corporations		
SUBJECT:	he Guayabera	LLC. Name of Limited Liability Company	
	1	Name of Limited Liability Company	
			ransact Business in Florida," Certificate of ty company to transact business in Florida
Please return all co	rrespondence concerning this	matter to the following:	
_	Atanyaipa	Martinez	
		Name of Person	
	The Guay	abera, LLC	
		Firm/Company	
	9508 SW	166th PLace	
	•	Address	拉馬
	Miami, FL	33193 City/State and Zip Code	TALLAHASSEE, FLORID  iffication)  TALLAHASSEE, FLORID  iffication)
			SSERVE
	AMARTIN	JEZ @ Weddingtropics: (to be used for future annual report not	Om To
For further informa	E-mail address		incation)
_	,		
1 exo	sa Martinezz	at ( 877 ) 374	
	Name of Person	Area Code & Daytime Telephon	ne Number
Division of Registration P.O. Box (		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
Enclosed is a ch	eck for the following am	ount:	
\$125.00	Filing Fee \$130.00 Fi Certificat	ling Fee & \$155.00 Filing Fee & Certified Copy	\$160.00 Filing Fee, Certificate of Status & Certified Copy

### ·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: TWE GWAYAIRIG LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") Wedding Tropics, 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.") Washington State
(Jurisdiction under the law of which foreign limited liability (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) Miami: 8509 SW 166th \$ Miami (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: Mauricio Martinez, Afahualisa Martinez, Kevin Baldwin scattle, WA 98118 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: Cutning 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

Atahualpa Martinez

## 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:
The Guayabera LLC.
If unavailable, the alternate to be used in the state of Florida is:
Wedding Tropics, LLC.
2. The name and the Florida street address of the registered agent and office are:
Atahvalpa Martiner The Residence of the
$\mathcal{O}$
Florida Street Address (P.O. Box NOT ACCEPTABLE)
Florida Street Address (P.O. Box NOT ACCEPTABLE)  Miami FL 33193
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)

\$ 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

I, SAM REED, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

## CERTIFICATE OF EXISTENCE/AUTHORIZATION OF

#### THE GUAYABERA LIMITED LIABILITY CO.

Limited Liability Company was formed under the laws of the State of WA and was resued a Certificate Of Formation in Washington on 4/20/2006.

I FURTHER CERTIFY that as of the date of this certificate, THE GUAYABERA LIMITED LIABILITY CO. remains active and has complied with the filing requirements of this office.

Date: August 26, 2009

UBI: 602-606-561

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Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Sam Reed, Secretary of State