(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	
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G. MCLEOD

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EXAMINER



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COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	CT: TransMonteiro Delivery Services LLC. Name of Limited Liability Company
	losed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of se, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida
Please r	eturn all correspondence concerning this matter to the following:
	Guilherme Monteiro
	Name of Person
	TransMonteiro Delivery Services LLC.
	Firm/Company
	1804 Bonita Bluff Ct.
	Address
	Ruskin/FL 33570
	City/State and Zip Code
	transmonteiro_llc@hotmail.com
	E-mail address: (to be used for future annual report notification)
For furt	ner information concerning this matter, please call:
	Guuilherme Monteiro at (813) 4120687
	Name of Person Area Code & Daytime Telephone Number
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclos	ed is a check for the following amount:
	\$125.00 Filing Fee \$\sum \$\sum \$\sum \$\sum \text{\$\sum \$\sum \$\sum \text{\$\sum \$\sum \$\sum \text{\$\sum \$\sum \$\sum \text{\$\sum \$\sum \text{\$\sum \$\sum \$\sum \$\sum \text{\$\sum \$\sum \$\sum \$\sum \text{\$\sum \$\sum \$\sum \$\sum \text{\$\sum \$\sum \$\sum \$\sum \$\sum \text{\$\sum \$\sum

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:

<i>LU</i> ! 1	TransMonteiro Delivery Services LLC.		
••	TransMonteiro Delivery Services LLC. (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," of the company of the	or "LLC.")	
COI	name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attacensent of the managers or managing members adopting the alternate name. The alternate name must include ompany," "L.L.C," "LLC.")		
2	Cobb County, Georgia 3 86-1164997		
<u>-</u>	Cobb County, Georgia 3. 86-1164997 (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)	
4.	04/06/2006 5. perpetual (Date of Organization) (Duration: Year limited liability compan		
	(Date of Organization) (Duration: Year limited liability compan exist or "perpetual")	y will cease	to
6.	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)		-
7.	3919 Abernathy Farm Way	ینی ۔	
•			<u> </u>
	Acworth, GA 30101 (Street Address of Principal Office)	A A	
	(Street Address of Principal Office)	28	西海里
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:	llows:	
	Fernando Monteiro 3919 Abernathy Farm Way ,Acworth,GA 30101		<u> </u>
	Guilherme Monteiro 1804 Bonita Bluff Ct. ,Ruskin, FL 33570		•
			
the	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign instation of the certificate under cath of the translator must be submitted.)		
11	. Nature of business or purposes to be conducted or promoted in Florida: Delivery of the conducted or promoted in Florida.	of goods	
	. 1		·····•
	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.)		
	Guilherme Monteiro		
	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.

TransMonteiro Delivery Services LLC. If unavailable, the alternate to be used in the state of Florida is:				
2. The name and	the Florida street address of the registered agent and office are:			
	Guilherme Monteiro	_		
•	(Name)	_		
	1804 Bonita Bluff Ct. Ruskin, FL 33570			
-	Florida Street Address (P.O. Box NOT ACCEPTABLE)	-		
	FL .	_		
	City/State/Zip	-		
liability company agent and agree t relating to the pro	ed as registered agent and to accept service of process for the above s at the place designated in this certificate, I hereby accept the appoints o act in this capacity. I further agree to comply with the provisions of oper and complete performance of my duties, and I am familiar with an position as registered agent as provided for in Chapter 608, Florida S	ment as registered all statutes nd accept the		

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

Control No. 0628172

STATE OF GEORGIA

Secretary of State

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

TRANSMONTEIRO DELIVERY SERVICES, LLC.

Domestic Limited Liability Company

was formed or was authorized to transact business on 04/06/2006 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 25th day of May, 2010

B-Ph

Brian P. Kemp Secretary of State

Certification Number: 5941708-1 Reference: Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp