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# Foreign Limited Liability Company ARCYS TI VENEZUELA LLC

Certificate of Status 1
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May 17, 2011

FLORIDA DEPARTMENT OF STATE

LAZARUS CORPORATE FILING SERVICE, Division of Corporations

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SUBJECT: ARCYS TI VENEZUELA LLC

REF: W11000027093

We received your electronically transmitted document. However, the document has not been filled. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The jurisdiction under the laws of which the entity is incorporated or organized must be included in the document.

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 filling of your document, please call (850) 245-6984.

Deborah Bruce Regulatory Specialist II FAX Aud. #: H11000132833 Letter Number: 711A00012137

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SECHETARY OF STATE
TALLAHASSEE.FLORIDA

P.O BOX 6327 - Tallahassoe, Florida 32314

### H11000132833

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A F	OREGN
LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	<b>O</b> ,
1. ARCYS TI VENEZUELA LLC  (Name of Poreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	_
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," of "LLC.")	
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the	_: e written
consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liab	ility
Company, "L.L.C," "LLC.")	
2. (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)	<b>-</b> -
company is organized)	
4. 05-16-11 5. PERPETUAL	_
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")	
6.	<u> </u>
(Date first transacted business in Florids, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	
- 2087 AUGUSTA	
1) FC-TO-1 [] 2227(+	
WESTON FL 33326 (Street Address of Principal Office)	F S 7
`	
8. If limited liability company is a manager-managed company, check here	<b>S</b>
9. The name and usual business addresses of the managing members or managers are as follows:	
ROQUE ALETANDRO MARTINEZ-BLAN	100
	<u>.</u>
	<u> </u>
WESTON FL 33326	:
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of re-	
the jurisdiction under the law of which it is organized. (A photocopy is not sceeptable. If the certificate is in a foreign language, a	
translation of the certificate under outh of the translator must be submitted.)	
11. Nature of business or purposes to be conducted or prometed in Florida:	<del></del>
Signature of a member or an authorized representative of a member.	
(In accordance with section 608,408(3), F.S., the execution of this comment constitutes an affirmation under the	
penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)	
ROQUE ALEJANDRO MARTINEZ-BLANCD.	
Typed or printed name of signee	

#### 06/01/2011 09:15

## H11000132833

## 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.

;	
N 17	
E. F.C	E
N N N N N N N N N N N N N N N N N N N	

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)

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