

M12000000-198

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

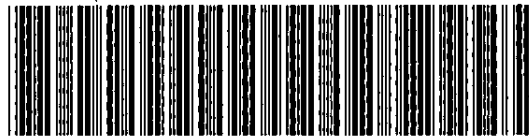
Special Instructions to Filing Officer:

Office Use Only

B. KOHR

MAR 1 2012

EXAMINER



300215938323

01/12/12--01002--014 \*\*155.00

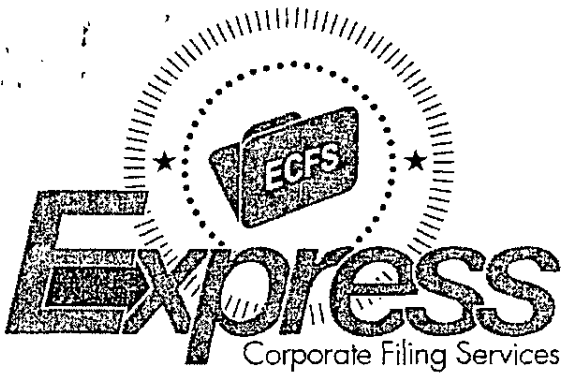
RECEIVED

12 JAN 12 AM 10:47

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

12 JAN 12 PM 1:44



1000 Ponce de Leon Blvd. Suite: 101

Coral Gables, FL 33134

Phone: 305 444 4994

Email- filing@ecfsfiling.com

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 JAN 12 PM 1:44

OFFICE USE ONLY

**CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):**

1. The Ohio International Business & Regional Center, LLC  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☐ Walk in   
 ☒ Pick up time \_\_\_\_\_   
 ☒ Certified Copy  
☐ Mail out   
☐ Will wait   
☐ Photocopy   
☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark •
<input type="checkbox"/>	Other

Examiner's Initials

**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. THE OHIO INTERNATIONAL BUSINESS & REGIONAL CENTER, 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. OHIO**

(Jurisdiction under the law of which foreign limited liability company is organized)

**3. 27-4942262**

(FEI number, if applicable)

**4. 02/22/2011**

(Date of Organization)

**5. PERPETUAL**

(Duration: Year limited liability company will cease to exist or "perpetual")

**6. UPON QUALIFICATION**

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

**7. 255 ALHAMBRA CIRCLE STE: 414**

**CORAL GABLES, FL 33134**

(Street Address of Principal Office)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
JAN 12 PM 1:44

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:

**JUAN L. RAMOS (MGRM)**

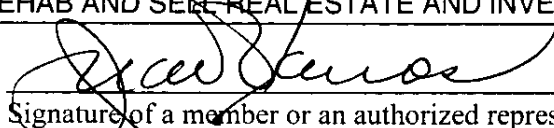
**JOSE R. BARREDO (MGRM)**

**255 ALHAMBRA CIRCLE STE: 414 - CORAL GABLES, FL 33134**

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:

**MANAGE, BUY REHAB AND SELL REAL ESTATE AND INVESTMENTS INCLUDING ENERGY**

  
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. 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.)

**JUAN L. RAMOS**

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:

THE OHIO INTERNATIONAL BUSINESS & REGIONAL CENTER, 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:

JUAN L. RAMOS

(Name)

255 ALHAMBRA CIRCLE STE: 414

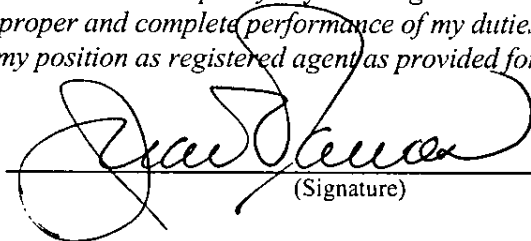
Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

CORAL GABLES

FL 33134

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)

**\*201105501019\***

DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
02/25/2011	201105501019	ARTICLES OF ORGNZTN/DOM. PROFIT LIM.LIAB. CO. (LCP)	125.00	.00	.00	.00	.00

**Receipt**

This is not a bill. Please do not remit payment.

EXPRESS CORPORATE FILING SERVICE INC.  
1000 PONCE DE LEON BLVD, STE 101  
ATTN: YANET AVILA  
CORAL GABLES, FL 33134

**STATE OF OHIO  
CERTIFICATE**

**Ohio Secretary of State, Jon Husted**

**1999473**

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

**THE OHIO INTERNATIONAL BUSINESS & REGIONAL CENTER, LLC**

and, that said business records show the filing and recording of:

Document(s)

**ARTICLES OF ORGNZTN/DOM. PROFIT LIM.LIAB. CO.**

Document No(s):

**201105501019**



United States of America  
State of Ohio  
Office of the Secretary of State

Witness my hand and the seal of the  
Secretary of State at Columbus, Ohio  
this 22nd day of February, A.D. 2011.

*Jon Husted*

Ohio Secretary of State