Florida Department of State

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Foreign Limited Liability Company OCHO RIOS ASSOCIATES LLC

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FROM	Tony Burroughs	
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RE	FL SOS - LZ Order 506971761	

COVER MESSAGE

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COVER LETTER

10:	Division of Co					
SUBJI	ECT:	OCHO F	IIOS A	SSOCIATES LLC		
		N	ame of Li	mited Liability Company		
The en Exister	closed "Applicat ice, and check ar	ion by Foreign Limited Li e submitted to register the	ability Co above ref	mpany for Authorization to T erenced foreign limited liabil	ransact Business in Florid ity company to transact bu	la," Certificate of siness in Florida
Please	return all corresp	ondence concerning this t	natter to ti	ne following:		
			В	arbara Dang		
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For fur	ther information	concerning this matter, ple	ease call:			
	****	Barbara Dang		at (323)	962-8600	_
		Name of Person	Are	a Code & Daytime Telephon	ie Number	
	MAILING AP Division of Con Registration Se P.O. Box 6327 Tallahassee, FI	rporations ction	Division Regist Cliftor 2661	ET ADDRESS: on of Corporations ration Section n Building Executive Center Circle assee, FL 32301		
Enclos	sed is a check	for the following amo	unt:	,		
	\$ 125,00 Fili	ng Fee \$130.00 Fili Certificate		\$155.00 Filing Fee & Certified Copy	\$160.00 Filing Fee, of Status & Cert	

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: OCHO RIOS ASSOCIATES 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.") (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) 6/26/2012 Perpetual (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual") (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 568 9th Street South Suite 169 Naples, FL 34102 (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: Maria Enriquez, 568 9th Street South Suite 169 Naples. FL 34102 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: Home services (plumbing, landscaping, cleaning) 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.)

Maria Enriquez
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 Lia	bility Comp	any is:	
00	CHO RIOS	S ASSOCIATES LLC	
If unavailable, the alternate to b	e used in the	e state of Florida is:	
2. The name and the Florida str	eet address	of the registered agent and office are:	***
U	nited States	S Corporation Agents, Inc.	213
		ding Oaks Blvd., Suite A	IUN 24
LIGI	Tampa	FLC	02 STA
	, , , , , ,	City/State/Zip	7 2
liability company at the place de- agent and agree to act in this cap relating to the proper and compli- obligations of my position as reg- (Fignature)	signated in the pacity, I furth ete parformat istered agent	o accept service of process for the above stated limited his certificate, I hereby accept the appointment as registher agree to comply with the provisions of all statutes nee of my duties, and I am familiar with and accept the as provided for in Chapter 608, Florida Statutes.	tered-
Jake Vargneser, VP on bena		tes Corporation Agents, Inc.	
	\$ 100.00 \$ 25.00 \$ 30.00	Filing Fee for Application Designation of Registered Agent Certified Copy (optional)	
	\$ 30.00	Ceruneu Copy (optional)	

\$ 5.00 Certificate of Status (optional)





CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, OCHO RIOS ASSOCIATES LLC, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since June 26, 2012, and is in good standing in this state.

Poute

Electronic Certificate
Certificate Number: C20130624-0376
You may verify this electronic certificate
online at http://www.nvsos.gov/

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on June 24, 2013.

ROSS MILLER Secretary of State