

M14000003593

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : CORP USA
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (786) 409-5946

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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TALLAHASSEE, FLORIDA

14 MAY 27 PM 12:15

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14 MAY 27 PM 12:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Foreign Limited Liability Company

Oliveira Romano Partners, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

746034

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Corporate Filing Menu

Help

12/27/14
5/27/14
5/27/14

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Oliveira Romano Partners LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

OSCAR GRISALES RACINI

Name of Person

GRSH LAW

Firm/Company

20801 BISCAYNE BLVD #306

Address

AVENTURA, FL 33180

City/State and Zip Code

SGOMEZ@GRSHLAW.COM

E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

OSCAR GRISALES

Name of Contact Person

305

Area Code

7920439

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6127
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
3661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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14 MAY 27 PM 12:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

May 23, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CORP USA

SUBJECT: OR PARTNERS, LLC
REF: W14000031575

We have received your document for OR PARTNERS, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tim Burch
Regulatory Specialist IIFAX Aud. #: H14000118641
Letter Number: 014A00011215

RECEIVED

14 MAY 27 PM 12:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. OR PARTNERS, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLP")

Oliveira Romano Partners, LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLP")

2. DELAWARE

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

3. 36-4780216

(FPI number, if applicable)

4.

(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S., to determine penalty liability)

5. 20801 BISCAYNE BLVD #306

AVENTURA, FL 33180

(Street Address of Principal Office)

6. 20801 BISCAYNE BLVD #306

AVENTURA, FL 33180

(Mailing Address)

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

ALEXANDRE CORREA DE OLIVEIRA ROMANO

8. 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)

Signature of an authorized person

(In accordance with section 605.0903, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true and aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in § 817.03, F.S.)

ALEXANDRE CORREA DE OLIVEIRA ROMANO

Typed or printed name of signee

15 MAY 27 PM 1:15
TALLAHASSEE, FLORIDA

15 MAY 27 PM 1:15

15 MAY 27 PM 1:15

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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:

OR Partners, LLC

If unavailable, the alternate to be used in the state of Florida is:

OLIVEIRA ROMANO PARTNERS, LLC

2. The name and the Florida street address of the registered agent and office are:

OSCAR GRISALES RACINI

(Name)

20801 BISCAYNE BVD. # 306

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

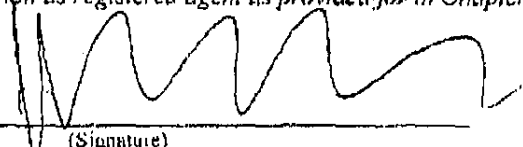
AVENTURA

FL 33180

City/State/Zip

FILED
TALLAHASSEE, FLORIDA
14 MAY 27 PM 1:15

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 605, 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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Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "OR PARTNERS, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTEENTH DAY OF MAY, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OR PARTNERS, LLC" WAS FORMED ON THE FOURTH DAY OF MARCH, A.D. 2014.

DELAWARE
TALLAHASSEE, FLORIDA

14 MAY 27 PM 4:19

5491010 8300

140645767

You may verify this certificate online
at corp.delaware.gov/authver.shtml



Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 1378782

DATE: 05-16-14

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