## M14000005689

| (Re                                     | questor's Name)   |             |  |  |  |
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| PICK-UP                                 | ☐ WAIT            | MAIL        |  |  |  |
| (Bu                                     | siness Entity Nar | ne)         |  |  |  |
| (Document Number)                       |                   |             |  |  |  |
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Office Use Only



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#### **COVER LETTER**

| SUBJECT:   | GALEMI LLC   |  |  |  |  |  |
|--|--|--|--|--|--|--|
|  | Name of Limited Liability Company  |  |  |  |  |  |
|  | by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate bmitted to register the above referenced foreign limited liability company to transact business in Florida. |  |  |  |  |  |
| Please return all correspond   | ence concerning this matter to the following:  |  |  |  |  |  |
|  | TAMMY PEREZ  |  |  |  |  |  |
|  | Name of Person   |  |  |  |  |  |
|  | TABADESA ASSOCIATES  |  |  |  |  |  |
|  | Firm/Company   |  |  |  |  |  |
|  | 7005 W 17TH CT   |  |  |  |  |  |
| <del></del> -  | Address  |  |  |  |  |  |
|  | HIALEAH, FL 33014  |  |  |  |  |  |
|  | City/State and Zip Code  |  |  |  |  |  |
|  | tammyp@tabadesa.com  |  |  |  |  |  |
|  | E-mail address: (to be used for future annual report notification)   |  |  |  |  |  |
| For further information con  | cerning this matter, please call:  |  |  |  |  |  |
| Tam  | my Perez  at (786)  Area Code  Daytime Telephone Number  |  |  |  |  |  |
|  | Name of Contact Person Area Code Daytime Telephone Number  |  |  |  |  |  |
| MAILING ADDI<br>Division of Corpo<br>Registration Section<br>P.O. Box 6327 | rations Division of Corporations n Registration Section Clifton Building   |  |  |  |  |  |
| Tallahassee, FL 32   | 2661 Executive Center Circle Tallahassee, FL 32301   |  |  |  |  |  |
| Enclosed is a check for  | the following amount:  |  |  |  |  |  |
| □ \$125.00 Filing  | <b>→</b>   |  |  |  |  |  |

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: **GALEMI 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. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.") DELAWARE (Jurisdiction under the law of which foreign limited liability company is organized) UPON QUALIFICATION (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 7005 WEST 17TH CT HIALEAH, FL 33014 (Street Address of Principal Office) (Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: THAMARA PEREZ - AR 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 605.0203, 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.) THAMARA PEREZ  $\mathsf{AR}$ 

Typed or printed name of signee

## 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 Lim     | •   | any is:<br>EMI LL(   | C   |   |
|----------------------------|---|--|---|---|
| If unavailable, the alterr | nate to be used in the  | state of Flor  | ida is:   |   |
| 2. The name and the Flo    | orida street address o  | of the register  | red agent and of  | fice are:   |
|                            | THAMA   | RA PE  | REZ   |   |
|                            |   | (Name)   |   | <del></del>   |
|                            | 7005 WE   | ST 17tl  | h CT  |   |
|                            | Florida Street Add  | lress (P.O. Box  | NOT ACCEPTABLE  | )   |
|                            | HIALEAH   | FL   | 33014   |   |
|                            |   | City/State/  | Zip   | 7 C - 1   |
| liability company at the   | place designated in to<br>ree to act in this capa<br>roper and complete p | his certificate acity. I furthe performance of tered agent a | e, I hereby accep<br>r agree to comp<br>of my duties, and | ly with the provisions of all<br>d I am familiar with and |

\$ 100.00

\$ 25.00 \$ 30.00

\$ 5.00

Filing Fee for Application

Certified Copy (optional)
Certificate of Status (optional)

Designation of Registered Agent

# Delaware

PAGE 1

### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "GALEMI 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 THIRTIETH DAY OF JULY, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GALEMI LLC" WAS FORMED ON THE TWENTY-EIGHTH DAY OF JULY, A.D. 2014.

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

5576032 8300

141014099

AUTHENT CATION: 1579490

DATE: 07-30-14

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