## M1400000635a

(Requestor's Name)				
(Address)				
(A	ddress)			
(C	ity/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				
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#### **COVER LETTER**

אוע	ision of Corporations		
SUBJECT:	Rosa M. Abeyta, LLC DBA Abeyta & Associates		
	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:

TO:

**Registration Section** 

\$125.00 Filing Fee

□ \$130.00 Filing Fee &

Certificate of Status

rease retain an correspondence concerning and ma	and to the following.			
Rosa M. Villa				
	Name of Person			
Abeyta & Assoc	iates			
	Firm/Company			
1011 S.W. Klick	itat Way, Site 206			
Address				
Seattle, WA 981	134			
	City/State and Zip Code			
<i>-</i>	aandassociates.com			
E-mail address	: (to be used for future annual report notification)			
For further information concerning this matter, plea	ase call:			
Rosa Villa	at (206 ) 467-7574			
Name of Contact Person	Area Code Daytime Telephone Number			
MAILING ADDRESS: Division of Corporations	STREET ADDRESS: Division of Corporations			
Registration Section	Registration Section			
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			
Enclosed is a check for the following amou	unt:			

□ \$155.00 Filing Fee &

Certified Copy

□ \$160.00 Filing Fee, Certificate of Status & Certified Copy



July 28, 2014

Division of Corporations Registration Section P.O. Box 6327 Tallahasee, FL 32314

RE: Foreign LLC Application, Certificate and check

Thank you for the opportunity to provide our application for a Foreign LLC registration in Florida. If you have any questions or need any more information or documentation, please do not hesitate to contact Rosa Villa at (206) 467-7574, ext. 108. Thank you in advance for your time and consideration.

Sincerely,

**ABEYTA & ASSOCIATES** 

illa, SR/WA, Managing & Designated Broker



August 5, 2014

ROSA M VILLA 1011 SW KLICKITAT WAY, SUITE 206 SEATTLE, WA 98134

SUBJECT: ROSA M ABEYTA, LLC Ref. Number: W14000047852

We have received your document for ROSA M ABEYTA, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

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 filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 614A00016780

#### 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:

1. Rosa M. Abeyta, LLC  (Name of Foreign Limited Liability Company; must include)	
(If name unavailable, enter alternate name adopted for the purpose of transa Liability Company," "L.L.C." or "LLC.")	acting business in Florida. The alternate name must include "Limited
<sub>2</sub> Washington State	91-1760786
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
4. n/a	SEP
(Date first transacted business in Flor (See sections 605.0904 & 605.0905, F.S.	
5	
1011 S.W. Klickitat Way, Suite 206	
6. Seattle, WA 98134	Principal Office)
(Mailing A	ddress)
7. The name, title or capacity and address of the person	(s) who has/have authority to manage is/are:
Rosa M. Villa (MGR)	(e) me manual e aument, te manuge is a e.
(WICK)	
8. Attached is an original certificate of existence, no more having custody of records in the jurisdiction under the la acceptable. If the certificate is in a foreign language, a tramust be submitted)  Signature of an a (In accordance with section 60 0.0203, E.s., the execution of this document constitut am aware that any false information submitted in a document to the Department of S.	w of which it is organized. (A photocopy is not anslation of the certificate under oath of the translator uthorized person es an affirmation under the penalties of perjury that the facts stated herein are true
Rosa M. Villa	

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 Limited Liability Con	npany is:	
Rosa M. Abeyta, LLC		
If unavailable, the alternate to be used in	the state of Florida is:	
2. The name and the Florida street address	es of the registered agent and office are:	SE(VISI
Hubco Registe	red Agent Services	中 异
	(Name)	00 CR
155 Office Plaz	za Dr. 1st. Floor	PR T
Florida Street A	Address (P.O. Box NOT ACCEPTABLE)	1: 03
Tallahasee	32301 FL	
	City/State/Zin	

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.

Sun Belle

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)



Secretary of State

I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

# CERTIFICATE OF EXISTENCE/AUTHORIZATION OF ROSA M. ABEYTA, LLC

I FURTHER CERTIFY that the records on file in this office show that the above named Limited Liability Company was formed under the laws of the State of WA and was issued a Certificate Of Formation in Washington on 3/28/1997.

**I FURTHER CERTIFY** that as of the date of this certificate, ROSA M. ABEYTA, LLC remains active and has complied with the filing requirements of this office.

Date: March 24, 2014

UBI: 601-779-849

STATE OF WASHINGTON 1889 NOT IN 1889 NOT I

Given under my hand and the Seał of the State of Washington at Olympia, the State Capital

Kim Wyman, Secretary of State