

M14000007242

Florida Department of State
Division of Corporations
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((H14000231921 3)))



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To: Division of Corporations
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Account Number : 072450003255
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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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Foreign Limited Liability Company ALBARUK, LLC

OCT - 8 2014

A. LUNT

Certificate of Status	0
Certified Copy	0
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October 6, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CORP USA

SUBJECT: ALBARUK, LLC
REF: W14000060613

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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Agnes Lunt
Regulatory Specialist II

FAX Aud. #: H14000231921
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14 OCT -7 PM 12:00
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

P.O BOX 6327 - Tallahassee, Florida 32314

H14000231921

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **ALBARUK, 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. SUITE 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:

SANDRA GOMEZ

Name of Contact Person

305

Area Code

792-0439

Daytime Telephone Number

MAILING ADDRESS:

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

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 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

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. ALBARUK, LLC

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

ALBARUK CAPITAL, LLC

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

2. DELAWARE

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

3. _____
(If applicable, if applicable)

4. _____

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

5. 11900 Biscayne Blvd. 770

Miami, FL 33181

(Physical Address of Principal Office)

6. 11900 Biscayne Blvd. 770

Miami, FL 33181

(Mailing Address)

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

JORGE AIDAR - MANAGER

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 605.0905, F.S., the execution of this document constitutes an affirmation under the penalty of perjury that the facts stated herein are true and correct and that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.135, F.S.)

JORGE AIDAR

Typed or printed name of signer

2014 OCT -2 PM 12 19

FILED

RECEIVED
TALLAHASSEE
FLORIDA
2014 OCT -2 PM 12 19

**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:

ALBARUK, 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:

OSCAR GRISALES RACINI

(Name)

20801 BISCAYNE BLVD SUITE 306

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

AVENTURA

FL 33180

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 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)

2014 OCT -2 PM 12:19
FILED
TALLAHASSEE, FLORIDA

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ALBARUK, 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 FIRST DAY OF OCTOBER, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ALBARUK, LLC" WAS FORMED ON THE SIXTEENTH DAY OF AUGUST, A.D. 2013.

5384916 8300

141244449

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




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 1745027

DATE: 10-01-14