

#M14000008372

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

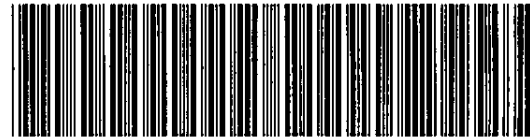
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
NOV 20 2014

Sam Massari  
DeNovo Enterprises, LLC  
455 NW 35<sup>th</sup> St., Suite 101  
Boca Raton, FL 33431  
Ph: 954-242-6289; email: saverio44@aol.com

To: MS. KAREN SALY  
Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

November 18, 2014

**RE: DeNovo Enterprises, LLC; Application to Register Foreign LLC**

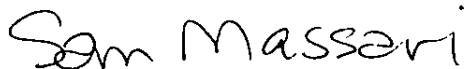
Dear Karen:

It was good speaking with you today. Per our conversation, please find enclosed copies of the following:

1. Cover Letter to Registration Section, Division of Corporations;
2. Application by Foreign LLC for Authorization to Transact Business in Florida;
3. Certificate of Designation of Registered Agent;
4. State of Delaware Certificate of Good Standing

A check for \$125.00 is attached as well. Karen, if you have any questions, please don't hesitate to contact me. Thank you in advance for your kind assistance regarding this matter.

Sincerely,



Sam Massari  
DeNovo Enterprises, LLC

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: DeNovo Enterprises, 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:

SAVERIO MASSARI  
Name of Person

DeNovo Enterprises, LLC.  
Firm/Company

455 NW 35<sup>th</sup> Street STE. 101  
Address

Boca Raton, FL 33431  
City State and Zip Code

SAVERIO44@AOL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SAM MASSARI at ( 954 ) 242 6289  
Name of Contact Person Area Code 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. De Novo Enterprises, 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.")

2. Delaware 3. 47-0975341  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI 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)

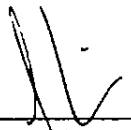
5. 16192 Coastal Hwy  
Lewes, DE 19958  
(Street Address of Principal Office)

6. ~~499~~ 455 NW 35<sup>th</sup> Street Ste 101  
Boca Raton, FL 33431  
(Mailing Address)

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

SAVERIO MASSARI Managing NON-MEMBER  
455 NW 35<sup>th</sup> Street Ste 101 Boca Raton FL 33431

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.)

SAVERIO MASSARI  
\_\_\_\_\_  
Typed or printed name of signer

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:

DeNovo Enterprises, LLC.

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

My Payment Help Center, LLC.

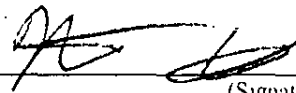
2. The name and the Florida street address of the registered agent and office are:

Michael Matos  
(Name)

9336 SW. 1st Place.  
Florida Street Address (P.O. Box NOT ACCEPTABLE)

BOCA RATON, FL 33428.  
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)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# Delaware

PAGE 1

*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DENOVO ENTERPRISES, 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 EIGHTEENTH DAY OF SEPTEMBER, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DENOVO ENTERPRISES, LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF MAY, A.D. 2014.


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

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You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 1711633

DATE: 09-18-14