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- Office Use Only

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12/23/14--01002--019 **55.00

11/21/14--01020--005 **70.00

01/08/15--01020-001 **90.00

15 JAN -7 AMII: 52 SECRETARY OF STATE

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JAN = 8 2015

T. HAMPTON

COVER LETTER

	ision of Corporations			
SUBJECT:		e of Limited Liability Company		·
	"Application by Foreign Limited Liab d check are submitted to register the ab			
Please return	all correspondence concerning this ma	tter to the following:		
	Josnel Etienne			·
		Name of Person		
	idelpi Ilc		•	
		. Firm/Company		
	p.o.box 857			
		Address		
	fort lauderdale f	l 33302		
		City/State and Zip Code		
	josneletienne@g	gmail.com		
	E-mail address:	(to be used for future annual re	port notification)	<u>-</u> -
For further in	formation concerning this matter, pleas	se call:		
Jo	osnel Etienne	908	333-50	027
	Name of Contact Person	Area Code	Daytime T	elephone Number
Divi Reg P.O.	ILING ADDRESS: ision of Corporations istration Section Box 6327 ahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Cir Tallahassee, FL 32301	rcle	
	s a check for the following amou 125.00 Filing Fee	g Fee & 🔲 \$155.00 Filin		160.00 Filing Fee, Certificate f Status & Certified Copy



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 25, 2014

YVES ST SURIN SMARTAX LLC 12229 PEMBROKE ROAD PEMBROKE PINES, FL 33025

SUBJECT: IDELPI LLC

Ref. Number: W14000070770

RECEIVED

14 DEC -9 AM 10: 00

14 DEC -9 AM 10: 00

We have received your document for IDELPI LLC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FOREIGN CORPORATION, but your entity is a FOREIGN LIMITED LIABILITY COMPANY (LLC)

Submit the additional fees required to register the Foreign LLC.. Please complete and return the enclosed blank form(s).

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) 245-6052.

Maryanne Dickey Regulatory Specialist II

Letter Number: 414A00025020

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:

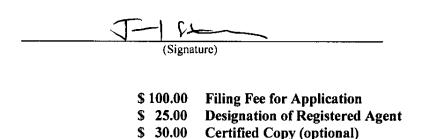
1. idelpi llc	22 1 C 2 - 61 (C 2)
(Name of Foreign Limited Liability Company; must include "Limited Liability Compa	ny," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida.	The elternate name must include 'I imited
Liability Company ""L. L. C." or "L. L. C.")	
toyoo	tification Number:
(Jurisdiction under the law of which foreign limited liability company is organized) 3. (FEI n	umber, if applicable)
_{4.} n/a	
(Date first transacted business in Florida, if prior to registration (See sections 605.0904 & 605.0905, F.S. to determine penalty lia	1.) hility)
(See Sections 003.0704 & 003.0703, 1.3. to determine penary na	TALE 15
5	
575 NE 5th terrace apt 350 fort lauderdale florid	la 33301 🛒 🗂 🚃
(Street Address of Principal Office)	SC -C property
6	Eq. E
0	08H 55
p.o.box 857 fort lauderdale fl 33302 (Mailing Address)	RAT 52
7. The name, title or capacity and address of the person(s) who has/have at Josnel Etienne, owner p.o.box 857 fort lauderdal	
8. Attached is an original certificate of existence, no more than 90 days old, having custody of records in the jurisdiction under the law of which it is orgacceptable. If the certificate is in a foreign language, a translation of the cermust be submitted)	ganized. (A photocopy is not
JUS	
Signature of an authorized person (In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the am aware that any false information submitted in a document to the Department of State constitutes a third degree	penalties of perjury that the facts stated herein are true. see felony as provided for in s.817.155, F.S.)
Tos NEL Etienne Typed or printed name of signee	
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.

If unavailable, the alternate to be used in the state of Florida is:		
2. The name	e and the Florida street address of the registered agent and office are:	
	Josnel Etienne	
	(Name)	
•	575 NE 5th terrace apt 350 fort lauderdale florida 33301	
·	575 NE 5th terrace apt 350 fort lauderdale florida 33301 Florida Street Address (P.O. Box NOT ACCEPTABLE)	

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.



Certificate of Status (optional)

5.00

TILED

15 JAN - 7 AH II: 52

SECRETARY OF STATE
SECRETARY OF STATE

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Nandita Berry Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for idelpi llc (file number 801917387), a Domestic Limited Liability Company (LLC), was filed in this office on January 17, 2014.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on October 31, 2014.



NANDWA BERRY

Nandita Berry Secretary of State

TID: 10264

Dial: 7-1-1 for Relay Services Document: 576029510003