

M1500000A83

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

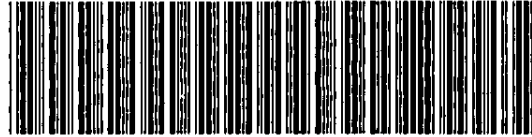
(Business Entity Name)

(Document Number)

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

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15 JAN 27 PM 4:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED FEB 04 2015



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 12, 2015

LINA COLON  
11357 SW HILLCREST CIR  
PORT ST LUCIE, FL 34987

SUBJECT: COSMIC PROPERTY SOLUTIONS LLC  
Ref. Number: W15000002011

We have received your document for COSMIC PROPERTY SOLUTIONS 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):

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

Please return the corrected original and one copy of 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.

Justin M Shivers  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 515A00000558

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Cosmic Property Solutions 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:

Lina Colon  
Name of Person

Firm/Company

11357 SW Hillcrest Cir  
Address

Port St. Lucie FL 34987  
City/State and Zip Code

feliz0709@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lina Colon at ( 561 ) 319 2199  
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. **COSMIC PROPERTY SOLUTIONS, 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. **NEVADA**

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

3. \_\_\_\_\_

(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. **11357 SW HILLCREST CIRCLE**

**PORT ST LUCIE FL 34987**

(Street Address of Principal Office)

6. \_\_\_\_\_

(Mailing Address)

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

**LINA COLON - MANAGER - 11357 SW HILLCREST CR PORT ST LUCIE FL 34987**

**LUIS A. COLON - MANAGER - 11357 SW HILLCREST CR PORT ST LUCIE FL 34987**

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.)

**LINA COLON**

\_\_\_\_\_  
Typed or printed name of signor

15 JAN 27 PM 4:09  
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:

**COSMIC PROPERTY SOLUTIONS, 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:

**LINA COLON**

(Name)

**11357 SW HILLCREST CIRCLE**

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

**PORT ST LUCIE**

**FL 34987**

City/State/Zip

FILED  
15 JAN 27 PM 4:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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)

## The seal of the State of Nevada is a circular emblem. It features a central illustration of a landscape with a mountain, a river, and a city. The words "THE GREAT SEAL OF THE STATE OF" are inscribed in a circle around the top, and "NEVADA" is at the bottom. A banner at the base of the seal reads "SILVER FROM HIGH CORRECTNESS".

Electronic Certificate  
Certificate Number: C20141202-2296  
You may verify this electronic certificate  
online at <http://www.nvsos.gov/>