3/16/2015



Division of Corporations **Electronic Filing Cover Sheet**

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(((H15000066648 3)))



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Foreign Limited Liability Company The To'Mzclao, LLC

Certificate of Status	1
Certified Copy	1
Page Count	01
Estimated Charge	\$160.00



March 23, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

JOSUE EDUARTE

SUBJECT: THE TO'MZCLAO, LLC

REF: W15000019047

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.

You failed to make the correction(s) requested in our previous letter.

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Neysa Culligan Regulatory Specialist II FAX Aud. #: H15000066648 Letter Number: 715A00005412

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE 1. The To'Mzclao, LLC	COF FLORIDA:
(Name of Foreign Limited Liability Company: must include "Limited Liability Company The To'Mzclao Restaurant, LLC	""L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. T Liability Company," "L.L.C," or "LLC,")	he alternate name must include "Limited
_{2.} Wyoming _{3.} 47-3429236	3
(Jurisdiction under the law of which foreign limited liability (FEI nuncompany is organized)	nber, if applicable)
4	
(Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liabil) 5. 8870 SW 40 ST, SUITE 13	liy)
Miami, FL 33165	23 23
6. 8870 SW 40 ST, SUITE 13	= 9
Miami, FL 33165	
(Mailing Address)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
7. The name, title or capacity and address of the person(s) who has/have auth Josue Eduarte MGRM	ority to manage is/are:
1712 Pioneer Ave. Ste 115	
Miami, FL 33165	
8. Attached is an original certificate of existence, no more than 90 days old, dishaving custody of records in the jurisdiction under the law of which it is organ acceptable. If the certificate is in a foreign linguage, a translation of the certificate is in a foreign linguage, a translation of the certificate 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 penturn aware that any false information submitted in a document to the Department of State constitutes a third degree for	nized. (A photocopy is not cate under oath of the translator
Josue Eduarte	

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.

 The name of the Limited Liability Company 	y is:
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The To'Mzclao, LLC.

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

The To'Mzclao Restaurant, LLC.

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

REGISTERED AGENTS INC.

(Name)

3030 N. Rocky Point Dr., STE 150A

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

Tampa 33607
FL 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.

Bill Havre – President

(Signature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

STATE OF WYOMING Office of the Secretary of State

I, EDWARD F. MURRAY, III, SECRETARY OF STATE of the STATE OF WYOMING. do hereby certify that according to the records of this office.

The To'Mzclao LLC

is a Limited Liability Company

formed or qualified under the laws of Wyoming did on October 21, 2014, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number 2014-000674266

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 19th day of March, 2015 at 12:46 PM. This certificate is assigned 017443532.



Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.