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COVER LETTER

	istration Section ision of Corporatio	ns	ŧ		
SUDIECT.	VISECA MANAGI	EMENT LLC, a Delaware L	imited Liability C	ompany	
SUBJECT:		Name of	Limited Liability (Company	
					unsact Business in Florida," Certificate of company to transact business in Florida
Please return	all correspondence	concerning this matter to the	following:		
	Patricia Menen	dez			
		N	ame of Person		
	Richards & As	sociates, P.A.			
		Fi	irm/Company		
	2665 SOUTH	BAYSHORE DRIVE, SUIT	E 703		
			Address		
	MIAMI, FL 33	133			
	 	City/S	tate and Zip Code		
•	PMENENDEZ@	RICHARDS-LAW.COM			•
		E-mail address: (to be used	d for future annual	report not	ification)
For further in	nformation concernir	ng this matter, please call:			
PATRICIA MENENDEZ			305 at (858-990	00
	Name o	of Contact Person	Area Code	Day	time Telephone Number
Div Reg P.O	ision of Corporation istration Section Box 6327 ahassee, FL 32314			Division Registrat Clifton B 2661 Exc	CADDRESS: of Corporations ion Section uilding secutive Center Circle sec, FL 32301
	check for the follow 125.00 Filing Fee	ving amount: \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filin Certified Copy	ig Fee &	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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FLORIDA DEPARTMENT OF STATE CRETARY OF STATE Division of Corporations | TALLAHASSEE, FLORIDA

August 20, 2015

PATRICIA MENENDEZ RICHARDS & ASSOCIATES, P.A. 2665 SOUTH BAYSHORE DRIVE, SUITE 703 MIAMI, FL 33133

SUBJECT: VISECA MANAGEMENT LLC

Ref. Number: W15000055651

We have received your document for VISECA MANAGEMENT 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):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Do need a seperate Designation of Registered Agent/Office form.

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

Letter Number: 815A00017551

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

	THON 605.0902, FLORIDA STATUTES, USINESS IN THE STATE OF FLORIDA:	THE FOLLOWING IS SUBMITTED TO REGISTER A I	POREIGN LIMITED LIABILITY
, VISECA MANAGEM	ENT LLC, a Delaware Limited Li	ability Company	
(Name of For	eign Limited Liability Company; mus	t include "Limited Liability Company," "L.L.C.," or	'LLC.")
Liability Company," "L.L.C.	Iternate name adopted for the purpose," or "LLC.")	of transacting business in Florida. The alternate name	e must include "Limited
2. Delaware		3. 47-4683559	
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable)	
4	(Date first transacted busines	ss in Florida, if prior to registration.)	•
- 2665 SOUTH BAYSE	(See sections 605.0904 & 605.0 HORE DRIVE, SUITE 703	0905, F.S. to determine penalty liability)	æ.
J	10112 21010 101		2015 (
MIAMI, FL 33133			· 管
2445 COLITU DA VOU	(Street Address of P ORE DRIVE, SUITE 703	Tincipal Office)	98 = F
6. 2003 SOUTH BATSH	ORE DRIVE, SOITE 703		
MIAMI, FL 33133			
	(Mailing A	Address)	· 52 5
7. Name and street addre	ss of Florida registered agent: (P.	O. Box NOT acceptable)	5
Name:	WORLD CORPORATE SERV		
Office Address:	2665 SOUTH BAYSHORE DR	IVE, SUITE 703	
	MIAMI	rı 33133	
	(City)	, Florida 33133 (Zip code)	-
this application, I hereby	egistered agent and to accept serve accept the appointment as registed statutes relative to the proper and ition as registered agent.	vice of process for the above stated corporation ered agent and agree to act in this capacity. If d complete performance of my duties, and I am ered agent's signature)	further agree to comply
		who has/have authority to manage is/are:	
MONICA CICCARELLI	, MANAGER		
JUAN MANUEL PIREL	A GONZALEZ, MANAGER		
9. Attached is a certificate jurisdiction under the law of the translator must be s	of which it is organized. (If the cosubmitted)	ys old, duly authenticated by the official having ertificate is in a foreign language, a translation of	custody of records in the f the certificate under oath
This document is execute	ed in accordance with section 605.0) 203 (1) (b), Florida Statutes, I am aware that any	false information
submitted in a document t	. 1 0.	ites a third degree felony as provided for in s.817	. 133, F.S.
	- Homa	<u>Ciccarelli</u>	-
	Typed or p	orinted name of signee	

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VISECA MANAGEMENT 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 FOURTH DAY OF AUGUST, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VISECA MANAGEMENT LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF JULY, A.D. 2015.

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

5794197 8300

151133017

Jeffrey W. Bullock, Secretary of State AUTHENTYCATION: 2615987

DATE: 08-04-15 You may verify this certificate online at corp.delaware.gov/authver.shtml