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(Business Entity Name)		
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M5-71362

COVER LETTER

TO: **Registration Section Division of Corporations** Savico Foods LLC SUBJECT: 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: Samuel Frohman Name of Person Savico Foods LLC Firm/Company 2843 South Bayshore Dr Address Miami, FL 33133 City/State and Zip Code savicofoods@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Javier Uribe 305 7255161 at (Name of Contact Person Area Code Daytime Telephone Number **MAILING ADDRESS:** STREET ADDRESS: **Division of Corporations** Division of Corporations Registration Section Registration Section P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

□ \$155.00 Filing Fee &

Certified Copy

■ \$160.00 Filing Fee, Certificate

of Status & Certified Copy

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee ☐ \$130.00

□ \$130.00 Filing Fee &

Certificate of Status



October 28, 2015

SAMUEL FROHMAN 2843 SOUTH BAYSHORE DR MIAMI, FL 33133 US

SUBJECT: SAVICO FOODS LLC Ref. Number: W15000071362

We have received your document for SAVICO FOODS LLC and your check(s) totaling \$160.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return 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.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 315A00022802

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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Savico Foods LLC 1. (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") Savico Foods Co. 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.") Delaware (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) N/A (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 2843 South Bayshore Dr. Apt. 3F Miami, Fl 33133 (Street Address of Principal Office) 2843 South Bayshore Dr Miami, Fl 33133 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Javier Uribe Name: 2843 South Bayshore Dr. Apt. 3F Office Address: Miami Registered agent's acceptance: 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 application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. (Registered agent/s signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Javier Uribe Samuel Frohman 2843 South Bayshore Dr. 9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Samuel Frohman

Signature of an authorized person

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Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SAVICO FOODS 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 THIRD DAY OF NOVEMBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SAVICO FOODS LLC" WAS FORMED ON THE FOURTEENTH DAY OF OCTOBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Authentication: 10350973

Date: 11-03-15

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