11/150000009019

(Da	questor's Name)		
(ive	Andrew S Hallie)		
(Address)			
(Address)			
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	MAIT WAIT	MAIL	
(Bu	siness Entity Nar	ne)	
(Document Number)			
Certified Copies	Certificates of Status		
Special Instructions to Filing Officer:			
		}	
	70811		
MgR W15-70816			
/	Office Use Only		



400278160954

10/23/15--01003--014 **125.00

2015 NOV -9 PM 3: 16

K.SALY EXAMINER NOV 10 2015



PECEIVED

15 NOV -9 PM 1: 30

FLORIDA DEPARTMENT OF STATE I ARY OF STATE Division of Corporations TALLAHASSEE, FI ODING.

October 26, 2015

COHEN PESSOA LAW GROUP, PLLC STEVEN F PESSOA, ESQ. 2828 CORAL WAY, STE. 525 MIAMI, FL 33145

SUBJECT: LA FINCA ENTERPRISES LLC

Ref. Number: W15000070816

We have received your document for LA FINCA ENTERPRISES 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):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

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.

Karen A Saly Regulatory Specialist II

Letter Number: 315A00022623

COVER LETTER

		stration Section ion of Corporations		
SUBJEC	Th	The Farm Enterprises LLC		
SCEGLO	··	Name of Limited Liability Company		
The enclo Existence	osed "A e, and c	Application by Foreign Limited Liability Company for Authorization to Transact Business check are submitted to register the above referenced foreign limited liability company to to	in Florida," Certificate of ransact business in Florida	
Please ret	turn all	Il correspondence concerning this matter to the following:		
		Steven F. Pessoa, Esq.		
Name of Person				
		Cohen Pessoa Law Group, PLLC		
	Firm/Company			
		2828 Coral Way, Suite 525		
Address				
		Miami, FL 33145		
		City/State and Zip Code		
٠, ١,	n 12.2	steven@cohenpessoalaw.com	···	
	, .	E-mail address: (to be used for future annual report notification)		
For further	er infor	ormation concerning this matter, please call:		
	Steven	en F. Pessoa, Esq. 786 452-9890 at (
-		Name of Contact Person Area Code Daytime Telephon	e Number	
]]]	Divisio Registr P.O. Bo	LING ADDRESS: ion of Corporations tration Section Box 6327 massee, FL 32314 Clifton Building 2661 Executive Center of Tallahassee, FL 32301		
			Filing Fee, Certificate Certified Copy	

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: The Farm Enterprises LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") La Finca Enterprises 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 (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 80 SW 8th Street, Suite 2000 Miami, FL 33130 (Street Address of Principal Office) P.O. Box 557565 Miami, Florida 33255 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Cohen Pessoa Law Group, PLLC Name: 2828 Coral Way, Suite 525 Office Address: , Florida 33145 (Zin code) Miami (City) 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: Idania Margarita Aguirre Guerrero / Manager (MGR) / P.O. Box 557565, Miami, FL 33255 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.

Steven F. Pessoa, Esq., Authorized Person/Legal Representative

Signature of an authorized person

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "THE FARM ENTERPRISES 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 EIGHTEENTH DAY OF SEPTEMBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "THE FARM ENTERPRISES LLC" WAS FORMED ON THE FOURTEENTH DAY OF SEPTEMBER, A.D. 2015.

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

5823550 8300 SR# 20150178595

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 10088959

Date: 09-18-15