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SECRETARY OF STATE
TACLAHASSEE, FLORIDA

NOV 12 WAR



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 3, 2015

SAMANTA SEQUEIRA 722 MENDOZA AVE CORAL GABLES, FL 33134

SUBJECT: AUXUR LLC

Ref. Number: W15000072376

15 NOV 12 PH 12: 19
SECRETARY OF STATE
TALLAHASSEF FI OBINA

We have received your document for AUXUR LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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.

Deborah Bruce Regulatory Specialist II

Letter Number: 815A00023219

COVER LETTER

TO:	Registration Section Division of Corporation	18				
SUBJI	AUXUR LLC					
	-	Name of I	Limited Liability	Company		
				ation to Transact Business in Florida," Certificate of ted liability company to transact business in Florida		
Please	return all correspondence of	concerning this matter to the	following:			
	Samantæequ	eira				
	and the second	Na	ame of Person			
	AUXUR LLC					
	**************************************	Fi	rm/Company			
	722MendozaAve					
	- 1 th -		Address			
	CoralGablesF	L 33134				
	- 42, - 124, - 124,	City/St	tate and Zip Code	,		
	ssequeira@aux	kur.com				
		É-mail address: (to be used	for future annua	report notification)		
For fu	rther information concernin	g this matter, please call:				
	IgnacioBravo		571	224-6046		
	Name o	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		
Enclos	ed is a check for the follow \$125.00 Filing Fee	ring amount: \$\frac{1}{4}\$\$ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filis Certified Copy	ng Fee & \$160.00 Filing Fee, Certificate		

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:

1. AUXUR LLC	eign Limited Liability Company; mus		pility Company," "L.L.C.," o	or "LLC.")	
	ternate name adopted for the purpose				 imited
Liability Company," "L.L.C,"		-		ane must metage 1	ATTUREXES
2. DELAWARE		3. 45-4200695			
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable company is organized)			le)		
4.					
	(Date first transacted busines (See sections 605.0904 & 605.0	ss in Florida, if prior to	registration.)	Mariana.	
5. 2505FREETOWNDF					
RESTONVA 20191					
	(Street Address of P	rincipal Office)			
6. 722MENDOZA AVE				<u> </u>	
CORAL GABLES FL	33134				
· · · · · · · · · · · · · · · · · · ·	(Mailing A	(ddress)			
7. Name and street addres	s of Florida registered agent: (P.	O. Box NOT accept	able)	A.S. 22	
Name:	Samantæequeira		_	2015 NOV SECRETA	-Π
Office Address:	722MENDOZA AVE		_	SS -	-
	CORAL GABLES		, Florida 33134		m
Registered agent's accep	(City)		(Zip code)		
Having been named as red designated in this applicate to complywith the provision	gistered agent and to accept serv tion, I hereby accept the appoint ons of all statutes relative to the p my position as registered agent.	ment as registered a	gent and agree to act in t	bllity company at this capacity.⊃I fu	rther agree
8. The name, title or capa Samant&equeiraPresion	acity and address of the person(s)	- -	ity to manage is/are:		
	Jerst)	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · ·	
722MendozaAve			<u></u>		
CoralGables,FL 33134		······································	·		•
9. Attached is a certificate jurisdiction under the law of the translator must be su		ertificate is in a foreig	gn language, a translation	g custody of recor of the certificate a	ds in the inder oath
	Signature	of an authorized person	1		
This document is executed submitted in a document to	I in accordance with section 605.0 the Department of State constitute	203 (1) (b), Florida S tes a third degree feld	Statutes. I am aware that a ony as provided for in s.81	ny false information 17.155, F.S.	on

Typed or printed name of signee

SamantaSequeira

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "AUXUR, 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 TWENTY-FIRST DAY OF OCTOBER, A.D. 2015.

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

TAY'S OF THE STATE OF THE STATE

Authentication: 10276030

Date: 10-21-15

5089434 8300 SR# 20150585850