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(Re	equestor's Name)	·			
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COVER LETTER

	Registration Section Division of Corporation	, as				
SUBJEC		D INVESTMENTS LLC				
SCESEC		Name of I	imited Liability (Company	· · · · · · · · · · · · · · · · · · ·	•
		eign Limited Liability Comp d to register the above refere				
Please re	turn all correspondence c	oncerning this matter to the	following:			
	LUIS J. ROMA	.N				
		Na	me of Person	LII	22	
	-	Fi	m/Company			
	2900 THOMAS	S AVE S APT 2115		•		
			Address		• •	
	MINNEAPOLI	S, MN 55416				
		City/St	ate and Zip Code		 	
	LUIS JO:	SEROMANO	Hotma	11. co	m	
		E-mail address: (to be used	for future annual	report not	ification)	
For further	er information concerning	g this matter, please call:				
	JAVIER CARDENAS		954 at (288-507	78	
-	Name o	f Contact Person	Area Code	Day	time Telephone Number	
]]]	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division of Registrati Clifton Bi 2661 Exe	ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301	
Enclosed	is a check for the following \$125.00 Filing Fee	ing amount: \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filir Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Co of Status & Certified Cop	



November 19, 2015

LUIS J.ROMAN 2900 THOMAS AVE APT 2115 MINNEAPOLIS, MN 55416 US

SUBJECT: ROMAN- SQUARED INVESTMENTS LLC

Ref. Number: W15000076014

We have received your document for ROMAN- SQUARED INVESTMENTS LLC and your check(s) totaling \$130.00. 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: 415A00024476

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 RI ISINESS IN THE STATE OF FLORIDA

(Name of Fore	eign Limited Liability Company	; must inclu	de "Limited Lia	oility Company," "L.L.C	.," or "LLC.")	···,	•
(If name unavailable, enter al Liability Company," "L.L.C,"	Iternate name adopted for the pu	rpose of tra	nsacting busines	s in Florida. The alternat	e name must inc	lude "Lin	- nited
2 STATE OF NEVADA	· 1301)		47-3719478				
~.	of which foreign limited liabilit	y 3.		(FEI number, if applic	cable)		-
4. NOVEMBER 11, 2015	5						
	(Date first transacted by (See sections 605.0904 &	usiness in Fl	orida, if prior to	registration.)			
5. 1398 SW 160TH AVE	NUE, SUITE 106, WESTON			, penalty interiory)			
	(Ca A.J.L	- CD-ii	1000)				
1398 SW 160TH AVE	(Street Address NUE, SUITE 106, WESTON	•	,				
6. 1398 3W 100111 A VE	NOE, SUITE 100, WESTON	, FLORID	A 33320				
	(Mail	ing Address	;)				
Name and <u>street addres</u>	s of Florida registered agent:	(P.O. Bo	NOT accept	able)			
Name:	JC CONSULTING GROU	P LLC		_			
Office Address:	1634 ORCHID BEND		•				
¥•	WESTON			, Florida 33327 (Zip code	E	ं ऊ	
.	(City	r)		(Zip code	》	: ₹	w.
Registered agent's accept Having been named as re	tance: gistered agent and to accept	service of	process for the	e above stated limited	liability compa	inv al th	e place
designated in this applicat	tion, I hereby accept the app	ointment a	is registered a	gent and agree to act i	in this cap aci ty	i I farik	ier agree
	ons of all statutes relative to ny position as registered age		and complete	performance of my d	uties, and Tam	y familia K	r with an
. ,					101 201	Ϋ́	Vener.
	(R ₅	egislored ag	ent's signature)		— <u> </u>	20	
9 The name title or cana	city and address of the person			itu ta managa in/ara:	ح.ت.		
LUIS J. ROMAN, MANA	•	11(S) WIIO II	as/nave author	ty to manage is/are:			
2900 THOMAS AVE S A	PT 2115						
MINNEAPOLIS, MN 554	116						
	of existence, no more than 90 of which it is organized. (If the libmitted)						
	Signa	ture of an a	uth prized person				
This document is executed submitted in a document to	in accordance with section 6 the Department of State cons	05.0203 (1 stitutes a th) (b), Florida S ird degree felo	tatutes. I am aware tha	at any false info 3.817.155, F.S.	rmation	

Typed or printed name of signee

LUIS J. ROMAN





CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, BARBARA K. CEGAVSKE, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, ROMAN-SQUARED INVESTMENTS LLC, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since April 12, 2015, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on November 20, 2015.

BARBARA K. CEGAVSKE

Sochora K. Cegarste

Secretary of State

Electronic Certificate
Certificate Number: C20151120-0955
You may verify this electronic certificate
online at http://www.nvsos.gov/