M15000009445

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name) $\omega 15 - 94224$							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							

Office Use Only



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11/09/15--01011--022 **125.00



NOV 24 2015 N. CAUSSEAUX

COVER LETTER

	Registration Section , Division of Corporation	s				•		
SUBJECT	AVILA RENTAL L΄	LC						
		Name of Limited Liability Company						
		eign Limited Liability Comp I to register the above refere						
Please retu	urn all correspondence c	oncerning this matter to the f	following:					
	MAURO QUIN	TERO						
	Name of Person							
	· AVILA RENTAL LLC							
Firm/Company								
	2030 DOUGLAS RD. SUITE 417.							
			Address					
	CORAL GABLES, FL 33134							
City/State and Zip Code								
	MAUROQUINTI	ERO@GMAIĹ.COM						
		E-mail address: (to be used	for future annual	report not	ification)			
For further	r information concerning	this matter, please call:						
N	MAURO QUINTERO		787	400 001	5			
	Name o	Contact Person	Area Code	Day	time Telephone Number			
D R P	AAILING ADDRESS: Division of Corporations Legistration Section .O. Box 6327 Callahassee, FL 32314			Division of Registrati Clifton Bi 2661 Exer	ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301			
	s a check for the following \$125.00 Filing Fee	ng amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy	ıg Fee &	☐ \$160.00 Filing Fee, Co of Status & Certified Cop			



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 10, 2015

MAURO QUINTERO AVILA RENTAL LLC 2030 DOUGLAS ROAD, SUITE 417 CORAL GABLES, FL 33134

SUBJECT: AVILA RENTAL LLC Ref. Number: W15000074224

We have received your document for AVILA RENTAL 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 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.

Letter Number: 415A00023826

Nanette Causseaux Regulatory Specialist II Supervisor

www.sunbiz.org

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

(Name of Fore	eign Limited Liability Company; mus	st include "Limited Lial	bility Company," "L.L.C.," or	"LLC.")
If name unavailable, enter al Liability Company," "L.L.C,	ternate name adopted for the purpose " or "LLC.")	e of transacting busines	s in Florida. The alternate nan	ne must include "Limited
, GEORGIA		3 47-3049235		
(Jurisdiction under the law company is organized)	of which foreign limited liability	J	(FEI number, if applicable)	
4				_
	(Date first transacted busine (See sections 605.0904 & 605.	ess in Florida, if prior to	registration.)	-
2030 DOUGLAS RD.		,		
),				TO STORY
CORAL GABLES, FL				PAR 2
2020 DOUGLAS BD 6	(Street Address of F	Principal Office)		75 PS
6. 2030 DOUGLAS RD. S	50116.417			MIO: 22 SEE. FLORIE
CORAL GABLES, FL	33134			Tro o
	(Mailing /	Address)		冠?
7. Name and street addres	s of Florida registered agent: (P.	O. Box NOT accept	able)	10 P
	MAURO QUINTERO		,	
Name:				
Office Address:	2030 DOUGLAS RD. SUITE 4		_	
	CORAL GABLES		, Florida 33134 (Zip code)	
,	(City)		(Zip code)	•
lesignated in this applicate complywith the provision	gistered agent and to accept serv tion, I hereby accept the appoint ons of all statutes relative to the my position as registered agent.	tment as registered a proper and complete	gent and agree to act in thi	is capacity. I further agree
	(Registe	ered agent's signature)		
8. The name, title or capa	acity and address of the person(s)	who has/have author	ity to manage is/are:	
MAURO QUINTERO / M	IGR / 2030 DOUGLAS RD. SUI	ITE 417. CORAL GA	ABLES, FL 33134	
	····			
		· 		
	of existence, no more than 90 day of which it is organized, lifthe constituted)			
	Signature	of an authorized person	1	
	in accordance with section 605.0 the Department of State constitu			
	MAURO QUINTERO	Č	- ·	•

Typed or printed name of signee

Control Number: 15012496

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530



CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

Avila Rental LLC

a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number
Date Inc/Auth/Filed
Jurisdiction
Print Date

Form Number

: 12204250 : 02/02/2015 : Georgin : 11/3/2015 : 211



B: P. Kemp Secretary of State