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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : REGISTERED AGENTS INC.  
Account Number : I20090000081  
Phone : (307)200-2803  
Fax Number : (855)330-1010

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

Foreign Limited Liability Company  
SOFER INVESTMENTS LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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2016 FEB -9 PM 4:56  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1/11/16  
FEB 10 2016

**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. SOFER INVESTMENTS LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "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.")

2. Puerto Rico 3. N/A  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. N/A  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. CARIBBEAN TOWERS SUITE 17, 670 PONCE DE LEON AVE  
SAN JUAN, PR. 00907  
(Street Address of Principal Office)

6. CARIBBEAN TOWERS SUITE 17, 670 PONCE DE LEON AVE  
SAN JUAN, PR. 00907  
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: NORTHWEST REGISTERED AGENT LLC  
Office Address: 3030 N. Rocky Point Drive, STE 150A  
TAMPA, Florida 33607  
(City) (Zip code)

**Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation 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 comply with 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.*

Tom Glover Tom Glover/Secretary/Northwest Registered Agent LLC  
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

ALFREDO FERNANDEZ, Member

Address: CARIBBEAN TOWERS SUITE 17, 670 PONCE DE LEON AVE, SAN JUAN, PR 00907

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)

Tom Glover  
Signature of an authorized person

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.

Tom Glover  
Typed or printed name of signer

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Commonwealth of Puerto Rico  
**DEPARTMENT OF STATE**  
San Juan, Puerto Rico

## CERTIFICATE OF GOOD STANDING

I, **VÍCTOR A. SUÁREZ MELÉNDEZ**, Secretary of State of the  
Commonwealth of Puerto Rico,

**CERTIFY:** That, pursuant to Puerto Rico's General Law of Corporations,  
**SOFER INVESTMENTS LLC**, register number **341813**, a **for profit**  
**domestic** Limited Liability Company organized under the laws of Puerto  
Rico on **August 13, 2014**, has complied with the payment of its Annual  
Fees.



**IN WITNESS WHEREOF**, the undersigned by virtue of  
the authority vested by law, hereby issues this certificate  
and affixes the Great Seal of the Commonwealth of  
Puerto Rico, in the City of San Juan, Puerto Rico, today,  
**February 1, 2016**.

**VÍCTOR A. SUÁREZ MELÉNDEZ**  
Secretary of State

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To validate this certificate go to: <http://estado.pr.gov/>

This certificate can be validated an unlimited number of times before its expiration date of 31-Jan-2017.

Certificate Validation Number: **144316-62400762**