

M16000006232

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W16-47386

Office Use Only



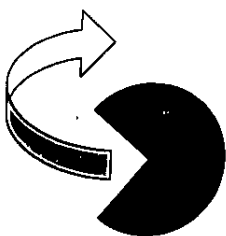
300287515813

07/05/16--01033--006 **160.00

08/02/16--01008--013 **916.25

FILED
16 AUG - 1 PM 12:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16/08/16



AVCOS LLC.

1791 BLOUNT ROAD UNIT 1010 POMPANO BEACH, FL. 33069
Phone: (954) 975-8550 Fax: (954) 977-7143

July 27, 2016

Florida Department of State

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Subject: AVCOS LLC - Filing sunbiz.org

Ref.# W16000047356

Attn: Dionne M Scott Letter# 516A00014205

2016 AUG - 1 PM 4:15
TALLAHASSEE, FLORIDA

In response to your above referenced letter, attached please find our check # 1025 in the amount of \$916.25 to cover both Annual Reports and penalty fees.

I hope this payment will suffice to process the requested filing.

AVCOS, LLC

Paul Van Heden, Mgr.

FILED
16 AUG - 1 PM 12:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Enc. - Check to Florida Department of State # 1025 in the amount of \$916.25

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AVCOS LLS

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

PAUL VAN HEDEN

Name of Person

AVCOS LLC

Firm/Company

1791 BLOUNT ROAD UNIT 1005

Address

POMPANO BEACH FL. 33069

City/State and Zip Code

paul@vanheden.com

E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 AUG - 1 PM 12: 04

FILED

For further information concerning this matter, please call:

PAUL VAN HEDEN

954

9758550

Name of Contact Person

at (_____)

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

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☒ \$160.00 Filing Fee, Certificate
of Status & 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:

1. AVCOS 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. DELAWARE 3. 46-0588233
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 2013
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1791 BLOUNT ROAD UNIT 1010 POMPANO BEACH, FL. 33069
(Street Address of Principal Office)

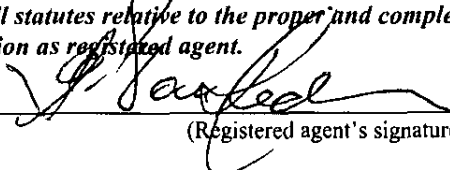
6. 1791 BLOUNT ROAD UNIT 1005 POMPANO BEACH, FL. 33069
(Mailing Address)

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

Name: PAUL VAN HEDEN
Office Address: 1791 BLOUNT ROAD UNIT 1005
POMPANO BEACH, Florida 33069
(City) (Zip code)

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 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.

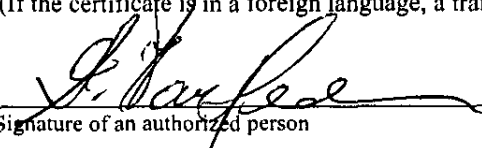

(Registered agent's signature)

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

PAUL VAN HEDEN, MANAGER, 1791 BLOUNT ROAD UNIT 1010 POMPANO BEACH, FL. 33069

HORACIO RODRIGUEZ, MANAGER, 1791 BLOUNT ROAD UNIT 1010 POMPANO BEACH, FL. 33069

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)


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.

PAUL VAN HEDEN
Typed or printed name of signee

FILED
16 AUG - 1 PM 12: 04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Delaware

The First State

Page 1


I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AVCOS 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 SECOND DAY OF JUNE, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AVCOS LLC" WAS FORMED ON THE SIXTEENTH DAY OF JULY, A.D. 2012.

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

FILED
16 AUG - 1 PM 12:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA




Jeffrey W. Bullock, Secretary of State