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(Requestor's Name)					
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PICK-UP	WAIT	MAIL			
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Certified Copies	Certificates	of Status			
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### CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

SPRINGER GALAF	RZA, LLC		
			Art of Inc. File
			LTD Partnership File
			Foreign Corp. File
			L.C. File
	•		Fictitious Name File
		_	Trade/Service Mark
			Merger File
			Art. of Amend. File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
			Photo Copy
		_	Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
		_	Corp Record Search
			Officer Search
			Fictitious Search
Signature			Fictitious Owner Search
Signature			Vehicle Search
		·	Driving Record
Requested by: SETH	00/1/	_	UCC 1 or 3 File
	$-\frac{08/16}{5}$		UCC 11 Search
Name	Date T	Γime	UCC II Retrieval
Walk-In	Will Pick Up _		Courier

#### **COVER LETTER**

TO:	egistration Section ivision of Corporations						
SUBJE	SPRINGER GALARZA, LLC						
502502	Name of Limited Liability Company						
	sed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of and check are submitted to register the above referenced foreign limited liability company to transact business in Florid						
Please	arn all correspondence concerning this matter to the following:						
	YINA SPRINGER, MANAGING MEMBER C\O LAWRENCE LEVY, ESQUIRE						
	Name of Person						
	LAW OFFICE OF LAWRENCE LEVY, P.A.						
	Firm/Company						
	12525 Orange Drive, Suite 703						
	Address						
	Davie, Florida 33330						
	City/State and Zip Code						
	larry@lawrencelevypa.com						
	E-mail address: (to be used for future annual report notification)						
For fur	information concerning this matter, please call:						
	awrence Levy, Esquire 954 634-3343						
	Name of Contact Person Area Code Daytime Telephone Number						
	IAILING ADDRESS: ivision of Corporations egistration Section O. Box 6327 allahassee, FL 32314  STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301						
Enclose	s a check for the following amount:  I \$125.00 Filing Fee \( \Boxed{1}\) \$130.00 Filing Fee \( \Chi\) \( \Chi\) \$155.00 Filing Fee \( \Chi\) \( \Chi\) \$160.00 Filing Fee, Certificate of Status \( \Chi\) Certified Copy \( \chi\) of Status \( \Chi\) 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:

	CANCELL STATE OF TEORETS.			
1. SPRINGER GALARZA	ign Limited Liability Company; must	t include "Limited Link	ility Company " "I I C " or "I	100
(Name of Fore	ign Linnica Liability Company, musi	t include Diffited Diat	miny Company, L.E.C., or i	inc. j
(If name unavailable, enter al Liability Company," "L.L.C,"	ternate name adopted for the purpose 'or "LLC.")	of transacting busines	s in Florida. The alternate name	must include "Limited
<sub>2</sub> DELAWARE		3. 47-5185195		
company is organized)	of which foreign limited liability	<u> </u>	(FEI number, if applicable)	
4. JANUARY 1, 2016				
	(Date first transacted busines (See sections 605.0904 & 605.6		registration.) penalty liability)	
5				TILED WELL
1301 NE 1st Street, For	rt Lauderdale, Florida 33301			Pro Em
<del></del>	(Street Address of P	rincipal Office)		語馬一
6.				るる。
				望。 而
1301 NE 1st Street, Por	rth Lauderdale, Florida 33301 (Mailing A	Address)		一語をロ
				- 67 <b>%</b>
7. Name and street address	ss of Florida registered agent: (P.	O. Box <u>NOT</u> accept	able)	第三章 <b>羊</b>
Name:	Lawrence Levy, Esquire		-	<i>7.</i> .
Office Address:	12525 Orange Drive, Suite 703		_	
	Davie		, Florida 33330 (Zip code)	
	(City)		(Zip code)	
designated in this applicate to complywith the provisi	gistered agent and to accept serv tion, I hereby accept the appoint ons of all statutes relative to the my position as registered agent.	ment as registered a proper and complete	gent and agree to act in this	s capacity. I further agree and I am familiar with and
	() (Regist	ered agent's signature)		
8. The name, title or capa	acity and address of the person(s)	who has/have author	rity to manage is/are:	
Yina Springer a\k\a Yina	Spinger Galarza, Managing Mem	iber		
1301 NE 1st Street, Fort I	Lauderdale, Florida 33301			
9. Attached is a certificate jurisdiction under the law of the translator must be s		eys old, duly authentic prtificate is in a forei	gn language, a translation of	ustody of records in the the certificate under oath
This document is executed submitted in a document to	d in accordance with section 605.0 o the Department of State constitu	0203 (1) (b), Florida ites a third degree fel	Statutes. I am aware that any ony as provided for in s.817.	false information 155, F.S.
	Yina Springer a\k\a Yina Spring	_	, -, · · · · · · · · · · · · · · · · · ·	•

Typed or printed name of signee

# Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "SPRINGER GALARZA 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 ELEVENTH DAY OF AUGUST, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID "SPRINGER GALARZA LLC" IS A SERIES LIMITED LIABILITY COMPANY.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SPRINGER GALARZA"

LLC" WAS FORMED ON THE THIRTEENTH DAY OF MARCH, A.D. 2012.

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

2016 AUG 16 AM 8: 44

SECRETARY OF STATE



Authentication: 202813480

Date: 08-11-16

5123277 8300E SR# 20165329150