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(Red	questor's Name)				
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(City	y/State/Zip/Phone	#)			
		MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates	of Status			
Special Instructions to I	Filing Officer:				
W16-613á	le Cuo				
	Office Use Onl	у			



09/07/16--01003--021 **130.00



K. SALY EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 7, 2016

Attn: Karen Saly

ANA PERDOMO ****Please give the original submission GUZMAN & GUZMAN, P.A. 9130 S DADELAND BLVD, STE. 1509 MIAMI, FL 33156

SUBJECT: BATTERIES 911, LLC Ref. Number: W16000061326

We have received your document for BATTERIES 911, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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 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.

Karen A Saly Regulatory Specialist II

Letter Number: 216A00018870



www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

TO: Registration Section Division of Corporations

BATTERIES 911, LLC

SUBJECT:

1

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:

ANA PERDOMO

Name of Person

GUZMAN & GUZMAN, P.A.

Firm/Company

9130 S DADELAND BLVD SUITE 1509

Address

MIAMI, FL 33156

City/State and Zip Code

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

For further information concerning this matter, please call:

ANA PERDOMO		305 at (670-199	91
Name	of Contact Person	Area Code	Day	time Telephone Number
MAILING ADDRESS:			STREET	ADDRESS:
Division of Corporations			Division (of Corporations
Registration Section			Registrati	ion Section
P.O. Box 6327			Clifton B	uilding
Tallahassee, FL 32314		2661 Executive Center Circle		
		Tallahassee, FL 32301		
Enclosed is a check for the follow	ving amount:			
□ \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy	; Fee &	□ \$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 603.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS. IN THE STATE OF FLORIDA:

I. BATTERIES 911, LLC

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

DELAWARE	," or "LLC.") \$1	-1833193	
4	of which foreign limited liability 3.	(FEI number, if applicable)	
4			
	(Date first transacted business in Florid (See sections 605.0904 & 605.0905, F.S. (a, if prior to registration.) to determine pensity liability)	· 53 (b) 201
5. 8400 NW 36 STREET	SUITE 450/112		FE S TI
DORAL, FL 33166	(Street Address of Principal Of	lice)	
6 8400 NW 36 STREET	• • •		
			MID: 52
DORAL, FL 33166	(Meiling Addross)		
		·	N N
7. Name and sireei addres	ss of Florida registered agent: (P.O. Box N	<u>OT</u> acceptable)	
Name:	GUZMAN & GUZMAN, P.A.		
Office Address:	9130 S DADELAND BLVD, STE 1509		
	MIAMI	, Florida 33156	
Registered agent's accep	(City)	(Zip code)	
designated in this applica to complywith the provisi	gistered agent and to accept service of pro- tion, I hereby accept the appointment as re- ons of all statutes relative to the proper and my position as registered agent	gisterod agont and agree to act in this	capacity. I further agree
	(Registered cont's	aignature)	
	scity and address of the person(s) who has/h	eve suthority to manage jefere:	
8 The name title or care			
8. The name, title or capa JUAN SIERRA - MANA	• • • •	• •	FL 33166
JUAN SIERRA - MANA	GER 8400 NW 36 St., St	te. 450/112, Doral,	· · ·
•	GER 8400 NW 36 St., St	• •	· · ·
JUAN SIERRA - MANA ANDRES ANGEL - MAN 9. Attached is a certificate	GER 8400 NW 36 St., St NAGER 8400 NW 36 St., St of existence, no more than 90 days old, duly of which it is organized. (If the certificate is	te. 450/112, Doral, Ste. 450/112, Doral y authenticated by the official having cu in a foreign language, a translation of th	FL 33166

ANDRES ANGEL

Typed or printed name of signee



Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BATTERIES 911, 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 FOURTEENTH DAY OF SEPTEMBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BATTERIES 911, LLC" WAS FORMED ON THE TENTH DAY OF MARCH, A.D. 2016.

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

2016 SEP \square NH IO: 3



Authentication: 202993657 Date: 09-14-16

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SR# 20165788526 You may verify this certificate online at corp.delaware.gov/authver.shtml