# MI600007776

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	☐ MAIL
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#### FLORIDA DEPARTMENT OF STATE Division of Corporations

September 19, 2016

MANUEL E. REMEDIOS 8250 SW 72 CT APT 418 MIAMI, FL 33143

SUBJECT: EUROGLOBAL INVESTMENT LLC

Ref. Number: W16000064534

We have received your document for EUROGLOBAL INVESTMENT LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

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.

Tanisha L Washington Regulatory Specialist II

Letter Number: 316A00020008

www.sunbiz.org

Division of Cornerations - P.O. ROY 6327 - Tallahassaa Florida 32314

### COVER LETTER

	egistration Section
SUBJEC	EUROGLOBAL INVESTMENT LLC
SODJEC	Name of Limited Liability Company
The enclo Existence	ed "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 Florida
Please ret	rn all correspondence concerning this matter to the following:
	MANUEL EMILIO REMEDIOS
	Name of Person
	EUROGLOBAL INVESTMENT LLC
	Firm/Company
	8250 SW72 CT APT 418
	Address
	MIAMI, FLORIDA 33143
	City/State and Zip Code
	mannyremedios@gmail.com
	E-mail address: (to be used for future annual report notification)
For further	information concerning this matter, please call:
	MANUEL EMILIO REMEDIOS 305 3036374
-	Name of Contact Person Area Code Daytime Telephone Number
] ]	IAILING ADDRESS: ivision of Corporations egistration Section O. Box 6327 Clifton Building allahassee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
	s a check for the following amount:  \$125.00 Filing Fee \$\Bigsup \\$130.00 Filing Fee & Certificate of Status \$\Bigsup \\$Certified Copy\$  \$155.00 Filing Fee \$\Bigsup \\$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 RUSINESS IN THE STATE OF FLORIDA

	ign Limited Liability Company; must in	nclude "Limited Liabilit	y Company," "L.L.C.," or	"LLC.")	
If name unavailable, enter alt Liability Company," "L.L.C,"	ernate name adopted for the purpose of "LLC.")	f transacting business in	Florida. The alternate nar	ne must include "I	Limited
DELAWARE		3. 81-3828779			
(Jurisdiction under the law company is organized)	of which foreign limited liability	J	FEI number, if applicable	)	
SEPTEMBER 16 201	16				
	(Date first transacted business	in Florida, if prior to reg	istration.)	-	
615SouthDupontHid	(See sections 605.0904 & 605.09 hway, Dover, Delaware 19901	05, r.s. to determine pe	naity hability)		
. 01930utiDuponti iigi	Thay, Boto, Bolancio 1900.	<del></del> .		_	
	(O A II CD.)	- : 1 0 (% )		- <i>,</i>	
9250 SM/72 CT ADT	(Street Address of Prii 118, MIAMI, FLORIDA 33143	ncipal Onice)		三部 ま	
),	TO, MIAMI, 1 LONDA 33143			- FER SER	
	(Mailing Ad	drace)		- <b>28</b>	=
	, ,	•			EO
7. Name and street addres	s of Florida registered agent: (P.O.		e)	15. 15.	
Name:	MANUEL EMILIO REMEDIOS	6 		골드 <b>3</b>	
Office Address:	8250 SW 72 CT APT 418			F	
511100 · 1441-0000	MIAMI		Florida 33143		
	IVIIAIVII		Florida		
	(City)		(Zip code)		
Having been named as reduced designated in this applicated in this applicate to complywith the provision accept the obligations of the control of the contro	(City) tance: gistered agent and to accept servic tion, I hereby accept the appointm ons of all statutes relative to the pr my position as registered agent.  (Register	re of process for the a tent as registered age. roper and complete po ed agent's signature)	(Zip code) bove stated limited liab nt and agree to act in the erformance of my dutie	his capacity. I fi	urther agr
Having been named as red designated in this applicate to comply with the provision accept the obligations of the same, title or capa	(City) tance: gistered agent and to accept service tion, I hereby accept the appointm ons of all statutes relative to the pr my position as registered agent.  (Registered and address of the person(s) we	re of process for the a tent as registered age. roper and complete po- ed agent's signature)	(Zip code) bove stated limited liab nt and agree to act in the erformance of my dutie	his capacity. I fi	urther agr
Having been named as red designated in this applicate to complywith the provision accept the obligations of the second se	(City) tance: gistered agent and to accept service tion, I hereby accept the appointm ons of all statutes relative to the pr my position as registered agent.  (Register acity and address of the person(s) w	re of process for the a tent as registered age. coper and complete po- ed agent's signature) tho has/have authority	(Zip code) bove stated limited liab int and agree to act in the erformance of my dutie to manage is/are:	his capacity. I fi es, and I am fam 	urther agr
Having been named as redesignated in this applicate to complywith the provision accept the obligations of the same	(City) tance: gistered agent and to accept service tion, I hereby accept the appointm ons of all statutes relative to the pr my position as registered agent.  (Register acity and address of the person(s) w MEDIOS  MANAGIA  C. APT 418	te of process for the action as registered age. The reper and complete postered agent's signature) The has/have authority The Partier	(Zip code) bove stated limited liab int and agree to act in the erformance of my dutie to manage is/are:	his capacity. I fi	urther agr
designated in this applicate complywith the provision accept the obligations of a scenario service.  8. The name, title or capa MANUEL EMILIO REM 8250 SW 7.  MIRMI FL.  9. Attached is a certificate	(City) tance: gistered agent and to accept service tion, I hereby accept the appointment on sof all statutes relative to the promy position as registered agent.  (Register acity and address of the person(s) when the person of	re of process for the a sent as registered age.  roper and complete ported agent's signature)  who has/have authority  Bracker  Sold, duly authenticat	(Zip code)  bove stated limited liab  and agree to act in the  erformance of my dutie  to manage is/are:	his capacity. I fi	erther agr iliar with

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.

## Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "EUROGLOBAL INVESTMENT 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 TWELFTH DAY OF SEPTEMBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EUROGLOBAL INVESTMENT LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF JUNE, A.D. 2005.

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

SECNATARY OF STATE

Authentication: 202973998

Date: 09-12-16

3989485 8300 SR# 20165741641