## MIWWW8055

(Re	equestor's Name)	
(Ad	dress)	·
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies		
Special Instructions to	Filing Officer:	

Office Use Only



500290955725

10/06/16--01011--030 \*\*155.00

16 OCT -6 AMII: 45 SECRETAL COESTAIL ALLAMASSEE FLORID

T WASHINGTON OCT 1 0 2016 October 4, 2016

Division of Corporation Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Re:

Warrantyme, LLC

Application By Foreign Limited Liability Company

The Purpose of this letter is to inform you that Warrantyme, LLC is interested in conducting business in the State of Florida.

We are in the business of providing auto warranty to consumers. However, our vendors do not allow us to use the name "warranty" in our name to market. Therefore, we respectfully request for you to please allow us to use the DBA name of "Premier Protection Group, LLC".

If you have any questions or need additional information, please do not hesitate to contact me directly at 305.924.4406.

Kind Regards,

Ricardo Diaz President & Owner

## **COVER LETTER**

TO:	egistration Section ivision of Corporations	
	Warrantyme, LLC	
SUBJ	': Name of Limited Liability Company	
	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	rn all correspondence concerning this matter to the following:	
	Ricardo Jose Díaz	
	Name of Person	
	Warrantyme, LLC	
	Firm/Company	
	430 S. Congress Ave. Stc. 1D	
	Address	
	Delray Beach, FL 33445	
	City/State and Zip Code	
	Ricardo.diaz@live.com	
	E-mail address: (to be used for future annual report notification)	
For fu	information concerning this matter, please call:	
	05-924-4406 305 924-4406 at ( )	
	Name of Contact Person Area Code Daytime Telephone Number	
	STREET ADDRESS:  Division 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	
Enclos	s a check for the following amount:  1 \$125.00 Filing Fee	

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 6050902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Warrantyme, LLC: (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") We can't do business in Florida as Warrantyme, LLC. Please register us as "Premier Protection Group, 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.") Nevada 81-3910367 (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) 11/01/2016 (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 430 S. Congress Ave., Ste., 1D, Delray Beach, FL 33445 (Street Address of Principal Office) 430 S. Congress Ave., Ste., 1D, Delray Beach, FL 33445 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Ricardo Diaz Name: 3921 SW 160th Ave Apt 207 Office Address: Miramar , Florida 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 complywith 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: Ricardo Diaz, President. 3921 SW 160th Ave Apt 207, Miramar, FL 33027 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)

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.

Ricardo J. Diaz

SECRETARY OF STATE





## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, BARBARA K. CEGAVSKE, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **WARRANTYME L.L.C.**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since September 21, 2016, and is in good standing in this state.

A CONTRACTOR OF THE CONTRACTOR

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on October 3, 2016.

BARBARA K. CEGAVSKE Secretary of State

Souhara K. Cegarste

Electronic Certificate
Certificate Number: C20161003-2335
You may verify this electronic certificate
online at http://www.nvsos.gov/