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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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(Business Entity Name)

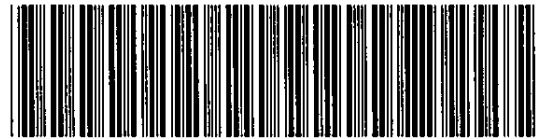
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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Four Leaf Clover, LLC  
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:

Joseph McCloskey  
Name of Person  
Four Leaf Clover, LLC  
Firm/Company  
1172 S Dixie Hwy, Suite 619  
Address  
Coral Gables, FL 33146  
City/State and Zip Code  
SPMCCL@gmail.com  
E-mail address. (to be used for future annual report notification)

For further information concerning this matter, please call:

SPMcCloskey at 786 804-3374  
Name of Contact Person 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

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RECEIVED  
DIVISION OF STATE  
TALLAHASSEE, FLORIDA

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. FOUR LEAF CLOVER, 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. PUERTO RICO 3. 66-0859795  
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)  
company is organized)

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

5. 7701 SW 62ND AVE, SUITE 202  
MIAMI FL 33143  
(Street Address of Principal Office)

6. 1172 S Dixie Hwy, Suite 619  
CORAL GABLES FL 33146  
(Mailing Address)

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

Name: J.A. McCloskey  
Office Address: 7701 SW 62ND AVE  
MIAMI, Florida 33143  
(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.

J.A. McCloskey  
(Registered agent's signature)

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

J.A. McCloskey, MANAGER,  
1172 S Dixie Hwy, Suite 619  
CORAL GABLES, FL 33146

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)

J.A. McCloskey  
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.

J.A. McCloskey  
Typed or printed name of signer

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SECRETARY OF STATE  
PALM BEACH, FLORIDA



Commonwealth of Puerto Rico  
**DEPARTMENT OF STATE**  
San Juan, Puerto Rico

## CERTIFICATE OF GOOD STANDING

I, **VÍCTOR A. SUÁREZ MELÉNDEZ**, **Secretary of State** of the Commonwealth of Puerto Rico,

**CERTIFY:** That, pursuant to Puerto Rico's General Law of Corporations, **FOUR LEAF CLOVER, LLC**, register number **364918**, a **for profit domestic** Limited Liability Company organized under the laws of Puerto Rico on **November 5, 2015**, has complied with the payment of its Annual Fees.

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SECRETARY OF STATE  
FALL HASSETT FLOOR



**IN WITNESS WHEREOF**, the undersigned by virtue of the authority vested by law, hereby issues this certificate and affixes the Great Seal of the Commonwealth of Puerto Rico, in the City of San Juan, Puerto Rico, today, **December 9, 2016**.

**VÍCTOR A. SUÁREZ MELÉNDEZ**  
Secretary of State

To validate this certificate go to: <http://estado.pr.gov/>

This certificate can be validated an unlimited number of times before its expiration date of 09-Dec-2017.

Certificate Validation Number: **185132-11549750**