

M17000000215

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

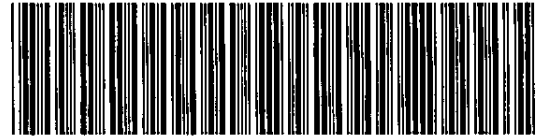
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Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

6209 W16-85156

Office Use Only



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12/19/16--01003--022 \*\*130.00

JAN 10 2017

S. YOUNG

10 DEC 19 AM 8:00

SECRETARY OF STATE  
FALLAHOUSE, IL 61801



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 21, 2016

SUSAN CHEMEN  
SUSIE CHEMEN CONSULTING LLC  
20225 NE 34TH STE 2316  
AVENTURA, FL 33180

SUBJECT: INFONEXION LLC  
Ref. Number: W16000085156

RECEIVED  
2017 JAN -9 PM 3:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for INFONEXION 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):

An individual must sign on behalf of the business entity you have designated as the registered agent.

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.

Shelia H Young  
Regulatory Specialist II

Letter Number: 416A00027132

RECEIVED  
12 DEC 19 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Infonexion 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:

Susan Chemen

\_\_\_\_\_  
Name of Person

Susie Chemen Consulting LLC.

\_\_\_\_\_  
Firm/Company

20225 NE 34th, Ste 2316

\_\_\_\_\_  
Address

Aventura- FL 33180

\_\_\_\_\_  
City/State and Zip Code

suchemen@hotmail.com

\_\_\_\_\_  
E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

Susan Chemen

305

469-6873

at ( )

\_\_\_\_\_  
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

10 DEC 19 AM 8:00

RECEIVED  
SECRETARY 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. INFONEXION 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. State of Delaware

3. 32-0509792

(Jurisdiction under the law of which foreign limited liability  
company is organized)

(F.E.I. number, if applicable)

4. November 2016

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

5. 6784 Palmetto Circle S Apt 105

Boca Raton, FL 33433

(Street Address of Principal Office)

6. SAME

(Mailing Address)

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

Name: Susie Chemen Consulting LLC

Office Address: 20225 Ne 34 Ct

Aventura

(City)

, Florida 33180

(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.

(Registered agent's signature)

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

Member- Ricardo Gomez

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)

(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.

Ricardo Gomez

Typed or printed name of signer

10 DEC 19 AM 8:00  
FLORIDA STATE  
SECRETARY OF  
TALLAHASSEE, FLORIDA

32-0509392

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "INFONEXION 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 SECOND DAY OF NOVEMBER, A.D. 2016.

12 DEC 19 AM 8:00

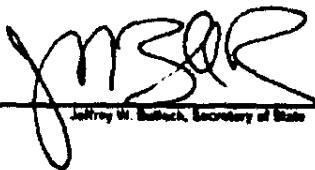
FILED  
STATE  
SECRETARY  
FALLAHSSE  
CLERK



6199418 8300

SR# 20166442826

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
Jeffrey W. Bullock, Secretary of State

Authentication: 203266083

Date: 11-02-16

State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 01:25 PM 11/01/2016  
FILED 01:25 PM 11/01/2016  
SR 20166442826 - File Number 6199418

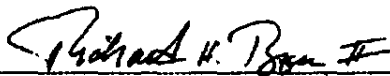
**CERTIFICATE OF FORMATION  
OF  
Infonexion LLC**

(A Delaware Limited Liability Company)

**First:** The name of the limited liability company is: Infonexion LLC

**Second:** Its registered office in the State of Delaware is located at 16192 Coastal Highway, Lewes, Delaware 19958, County of Sussex. The registered agent in charge thereof is Harvard Business Services, Inc.

IN WITNESS WHEREOF, the undersigned, being fully authorized to execute and file this document have signed below and executed this Certificate of Formation on this November 01, 2016.



Harvard Business Services, Inc., Authorized Person  
By: Richard H. Bell, II, President

16 DEC 19 AM 8:00  
STATE OF DELAWARE  
DIVISION OF CORPORATIONS  
FALL RIVER, DELAWARE

## STATEMENT OF AUTHORIZED PERSON

\*\*\*\*\*

IN LIEU OF ORGANIZATIONAL MEETING

FOR

Infonexion LLC

November 1, 2016

We, Harvard Business Services, Inc., the Authorized Person of Infonexion LLC -- a Delaware Limited Liability Company -- hereby adopt the following resolution pursuant to Section 18-201 of the Delaware Limited Liability Company Act:

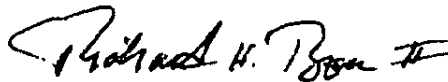
**Resolved:** That the Certificate of Formation of Infonexion LLC was filed with the Secretary of State of Delaware on November 1, 2016.

**Resolved:** That on November 1, 2016 the following persons were appointed as the initial Managing Members of the Limited Liability Company until their successors are elected and qualify:

Ricardo Juan Gomez Maldonado- Member  
Nilce Karina Gomez de Gomez- Member  
Susana Chemen- Manager

**Resolved:** That the undersigned signatory hereby resigns as the authorized person of the above named Limited Liability Company.

This resolution shall be filed in the minute book of the company.



Harvard Business Services, Inc., Authorized Person  
By: Richard H. Bell, President

DEC 19 AM 8:00  
SECRETARY OF STATE  
DELAWARE

\*\*\* This document is not part of the public record. Keep it in a safe place. \*\*\*