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(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)
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#### FLORIDA DEPARTMENT OF STATE Division of Corporations

January 11, 2017

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

SUBJECT: DARIOWAR LLC Ref. Number: W17000002423



We have received your document for DARIOWAR 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):

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.

Octavia I Simmons Regulatory Specialist II

Letter Number: 717A00000649

#### **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJE		
	Name of Limited Liability Company	
The end Existen	osed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate e. and check are submitted to register the above referenced foreign limited liability company to transact business in Flori	of da
Please 1	turn 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 furt	er information concerning this matter, please call:	
	Susan Chemen 305 469-6873	
	Name of Contact Person Area Code Daytime Telephone Number	
	MAILING ADDRESS:  Division of Corporations  Registration Section  P.O. Box 6327  Tallahassec, FL 32314  STREET ADDRESS:  Division of Corporations  Registration Section  Clifton Building  2661 Executive Center Circle  Tallahassee, FL 32301	
Enclose	l is a check for the following amount:  ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & ☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate of Status  Certificate of Status  ☐ \$155.00 Filing 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 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	eign Limited Liability Company; m	ust include "Limited Li	ability Company," "L.L.C.,"	or "LLC.")
f name unavailable, enter al iability Company," "L.L.C.	ternate name adopted for the purpor	se of transacting busine	ess in Florida. The alternate r	ame must include "Limited
State of Delaware		3. 37-1837463		
(Jurisdiction under the law company is organized)	of which foreign limited liability	3. <u> </u>	(FEI number, if applicab	le)
September 2016				
	(Date first transacted busin (See sections 605.0904 & 605	ess in Florida, if prior t 5.0905, F.S. to determin	o registration.) ne penalty liability)	_
10275 Collins Ave Ap	t 1411			
Bal Harbour - Florida-	33154			
	(Street Address of	Principal Office)		_ 当 <b>4</b>
SAME				
	(Mailing	Address)		_ : 2
				· · · · · · · ·
. Name and street addres	s of Florida registered agent: (F	P.O. Box NOT accep	table)	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
Name:	Dario Warterlski	<u> </u>	<del></del>	,;; ~?
Office Address:	10275 Collins Ave Apt 1411		<del></del>	17 JAN 21: PH 2: 24
	Bal Harbour-		, Florida 33154	
	(City)		, Florida 33154 (Zip code)	 whility company at the pla
laving been named as re lesignated in this applical o complywith the provision	(City) tance: gistered agent and to accept ser tion, I hereby accept the appoin ons of all statutes relative to the my position as registered agent.	rvice of process for the street as registered to proper and completed.	he above stated limited lid agent and agree to act in e performance of my dut	this capacity. I further a
lesignated in this applicate complywith the provision complywith the provision of the colligations of the collinear	(City) tance: gistered agent and to accept ser tion, I hereby accept the appoin ons of all statutes relative to the my position as registered agent. (Regis	rvice of process for the street as registered to proper and completed to the street agent's signature	he above stated limited lia agent and agree to act in e performance of my dut	this capacity. I further a
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Typed or printed name of signee

DARIO WARTELSKI

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## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "DARIOWAR 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 FIFTH DAY OF JANUARY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DARIOWAR LLC" WAS FORMED ON THE NINETEENTH DAY OF SEPTEMBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

Authentication: 201823603

Date: 01-05-17