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(Re	equestor's Name)	··· <u>-</u>
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(Do	ocument Number)	
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SECREMENT OF STATE

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Law Offices of

OSHINS & ASSOCIATES, LLC

1645 VILLAGE CENTER CIRCLE, SUITE 170 LAS VEGAS, NEVADA 89134 (702) 341-6000 Fax (702) 341-6001 WWW.OSHINS.COM

February 10, 2017

Florida Department of State Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314

> Puerto JC LLC Re:

Dear Sir/Madam:

Enclosed for filing is an Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida, along with a Certificate of Good Standing for the above referenced entity. Also enclosed is a check in the amount of \$160.00 for the cost of filing and associated fees.

Please send the filed document back to me in the enclosed self-addressed, self-stamped envelope.

Should you have any questions or concerns regarding this matter, please do not hesitate to contact me.

Sincerely,

cnp

Enclosures

Cristine Parrino, Paralegal

On Behalf Kristen E. Simmons, Esq.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: P	UERTO JC LLC					
SOBJECT		Name of	Limited Liability (Company		
The enclosed ". Existence, and	Application by For check are submitted	reign Limited Liability Comp ed to register the above refero	oany for Authoriza enced foreign limit	tion to Tr ed liabili	ransact Business in Florida," (ty company to transact busine	Certificate of ss in Florida
Please return al	l correspondence	concerning this matter to the	following:			
	Cristine Parrine	o				
		N	ame of Person	•		
	Oshins & Asso	ciates, LLC				
		Fi	irm/Company			
	1645 Village C	enter Circle, Suite 170				
	Address					
	Las Vegas, NV	89134				
		City/S	tate and Zip Code			
	Maytepuerto33@	•				
		E-mail address: (to be used	d for future annual	report no	otification)	
For further info	rmation concernin	g this matter, please call:				
MAY	TE PUERTO		786 at (449-96 _)		
	Name o	of Contact Person	Area Code	Da	ytime Telephone Number	
Division Regist P.O. B	ING ADDRESS: on of Corporations ration Section lox 6327 assee, FL 32314			Division Registra Clifton I 2661 Ex	T ADDRESS: of Corporations tion Section Building ecutive Center Circle isee, FL 32301	
	neck for the follow 5.00 Filing Fee	ring amount: \$\Bigsim \text{\$\subset} \text{\$\subset} \text{\$\subset} \text{\$\subset} \text{\$\subset} \text{\$\cong} \text{\$\text{\$\cong} \text{\$\cong} \text{\$\subset} \text{\$\cong} \text{\$\text{\$\cong} \text{\$\cong} \text{\$\cong} \text{\$\cong} \text{\$\text{\$\cong} \text{\$\cong} \t	☐ \$155.00 Filin Certified Copy	g Fee &	\$160.00 Filing Fee, Cer of Status & Certified Copy	tificate ,

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

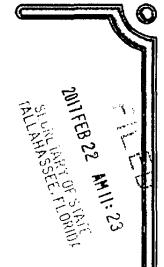
IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

PUERTO JC LLC	
(Name of Fore	eign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
Liability Company," "L.L.C.	ternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited" or "LLC.")
2. Nevada	of which foreign limited liability 3. 81-5303516 (FEI number, if applicable)
(Jurisdiction under the law company is organized)	of which foreign limited liability (FEI number, if applicable)
4	
	(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5.	1950 S. OLEAN DR. ADTHIE
	1950 S. OCEAN DR. APT HILE HALLANDALE BEACH, FL, 33009,
	(Street Address of Principal Office)
6. <u> </u>	1950 S.OLEAN DR. APTHILE
	1950 S.OLEAN DR. APTHILE HALLAN DALE BEALM, FL, 33000
	(Mailing Address)
7. Name and street address	ss of Florida registered agent: (P.O. Box NOT acceptable)
Name:	MAYTE PUERTO
Office Address:	1950 G. OCEAN DRIVE APTILE
	HALLANDALE BENCH, Florida 33009 (City) (Zip code)
	(City) (Zip code)
Registered agent's accep	
	gistered agent and to accept service of process for the above stated limited liability company at the place tion, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree
to complywith the provisi	ons of all statutes relative to the proper and complete performance of my duties, and I am fabiliar with an
accept the obligations of	my position as registered agent
	X Muny == == ==
	(Registered agent's signature)
8. The name, title or capa	acity and address of the person(s) who has/have authority to manage is/are:
Mayte Puerto, Manager	
	1950 S. OLEAN DRIVE APTHILE S
	1950 S. OLEAN DRIVE APTHILE SO
	of existence, no more than 90 days old, duly authenticated by the official having custody of records in the of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath
	Signature of an authorized person
This document is executed submitted in a document to	I in accordance with section 605.0203 (1) (b), Florida Statutes, I am aware that any false information the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.
saoimtea ii a document te	MAYTE PHERTO

Typed or printed name of signee

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, **PUERTO JC LLC**, 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 January 5, 2017, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on February 10, 2017.

Bollow K. Caguste

BARBARA K. CEGAVSKE Secretary of State

Electronic Certificate
Certificate Number: C20170210-0134
You may verify this electronic certificate
online at http://www.nvsos.gov/