

M1700002530

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

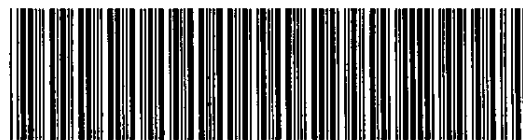
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

2980 W17-24513

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MAR 24 2017
S. YOUNG

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 MAR 17 PM 3:52



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 22, 2017

ALFONSO MARTINEZ
ALETEA ADVISORS
600 BRICKELL AVENUE STE 2700
MIAMI, FL 33131

SUBJECT: SINGULAR PEOPLE LLC
Ref. Number: W17000024513

We have received your document for SINGULAR PEOPLE LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

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: 917A00005463

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STATE DEPT OF STATE
TALLAHASSEE, FL 32314
17 MAR 17 PM 3:52

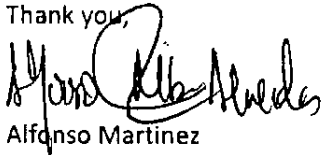
March 21, 2017

Department of State Florida
Registration Division

I recently filed an Application of Authority to Transact Business in Florida for Singular People LLC, and the filing was rejected because I did not put the title and/or address of the Managers. Please accept this document as it corrects the previous one filed.

If you need to contact me, please call me at 786 201-3910, or by email at amartinez@aleteaadvisors.com.

Thank you,



Alfonso Martinez

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TALLAHASSEE, FLORIDA
MAR 24 2017

2017 MAR 24 PM 2:29
17 MAR 17 PM 3:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

57

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SINGULAR PEOPLE 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:

ALPONSO MARTINEZ

Name of Person

ALETEA ADVISORS

Firm/Company

600 BRICKELL AVE, STE 2700

Address

MIAMI, FL 33131

City/State and Zip Code

amartinez@aleteaadvisors.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALFONSO MARTINEZ

Name of Contact Person

at (786) 201-3910

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:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy | <input type="checkbox"/> \$160.00 Filing Fee, Certificate
of Status & Ce |
|--|---|--|---|

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FILED
SECRETARY OF STATE
TALLAHASSEE, FL 32301

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. SINGULAR PEOPLE 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. DELAWARE 3. N/A
(Jurisdiction under the law of which foreign limited liability company is organized) (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. 2828 CORAL WAY, STE 400
CORAL GABLES, FL 33145
(Street Address of Principal Office)

6. 2828 CORAL WAY, STE 400
CORAL GABLES, FL 33145
(Mailing Address)

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

Name: ALFONSO MARTINEZ
Office Address: 2828 CORAL WAY, STE 400
CORAL GABLES, FL, Florida 33145
(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.

[Signature]
(Registered agent's signature)

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

ROSÉ LUIS VARESO, MANAGER, 2828 CORAL WAY, STE 400
CORAL GABLES, FL 33145
ALMA MILLER, MANAGER, 2828 CORAL WAY, STE 400
CORAL GABLES, FL 33145

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]
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.

ALFONSO MARTINEZ
Typed or printed name of signer

17 MAR 17 PM 3:52
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Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SINGULAR PEOPLE 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 TWENTY-EIGHTH DAY OF FEBRUARY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SINGULAR PEOPLE LLC" WAS FORMED ON THE NINTH DAY OF SEPTEMBER, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.


RECEIVED
SECRETARY OF STATE
FALLABEE, DE 19709
17 MAR 17 PM 3:52



5395945 8300

SR# 20171414276

You may verify this certificate online at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State

Authentication: 202114211

Date: 02-28-17