





FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 6, 2017

BOBBY STOUT  
8650 FREEPORT PKWY, STE 100  
IRVING, TX 75063-1916

SUBJECT: CASA DIVINA, LLC  
Ref. Number: W17000029433

2017 APR 12 A 10:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

We have received your document for CASA DIVINA, LLC and your check(s) totaling \$130.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 217A00006643

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CASA DIVINA, 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:

BOBBY STOUT  
Name of Person  
CASA DIVINA, LLC  
Firm/Company  
8650 FREEPORT PKWY; STE 100  
Address  
IRVING, TX 75063-1916  
City/State and Zip Code  
MABSAH777@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

2017 APR 12 A 10:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

For further information concerning this matter, please call:

BOBBY STOUT at (817) 899-7686  
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

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. CASA DIVINA, 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. WYOMING (Jurisdiction under the law of which foreign limited liability company is organized)
3. 81-5033353 (FEI number, if applicable)

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

5. 8650 FREEPORT PKWY; STE 100
IRVING, TX 75063-1916
(Street Address of Principal Office)

6. 8650 FREEPORT PKWY; STE 100
IRVING, TX 75063-1916
(Mailing Address)

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

Name: DENISE CHIARELLI HAIRE
Office Address: 12136 NW 9TH PL
CORAL SPRINGS, Florida 33071
(City) (Zip code)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2017 APR 12 A 10:31

FILED

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.

[Handwritten 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:

DENISE CHIARELLI HAIRE; PRESIDENT/MANAGER; 12136 NW 9TH PL; CORAL SPRINGS, FL 33071
SCOTT A. HAIRE; MANAGER; 8650 FREEPORT PKWY; STE 100; IRVING, TX 75063-1916

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)

[Handwritten 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.

BOBBY STOUT
Typed or printed name of signee

**STATE OF WYOMING**  
**Office of the Secretary of State**

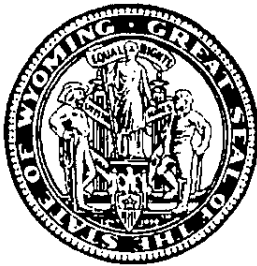
I, ED MURRAY, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

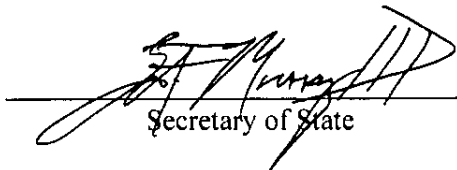
**CASA DIVINA, LLC**  
is a  
**Limited Liability Company**

formed or qualified under the laws of Wyoming did on **January 19, 2017**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2017-000739574**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 7th day of April, 2017 at 8:18 AM. This certificate is assigned 022724425.



  
Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website <http://wyobiz.wy.gov> and following the instructions displayed under Validate Certificate.