## M17000003578

(Requestor's Name)						
(Address)						
(Address)	<del></del>					
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL	-					
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
Debra GAVE AUTHORIZATION BY PHONE TO CORRECT TITLES DATE 418517 DOC. EXAM THAIRS						

Office Use Only



000298223350

04/21/17--01021--005 \*\*125.00

TOWN ARY OF STATE OF APR 24 PH 3: 95

LER 27 2017 J. HARRIS

## COVER LETTER

	, gistration Section vision of Corporation	ns					
our in or		ement Services, LLC					
SUBJECT:		Name of I	Limited Liability C	Company	·		
					nsact Business in Florida," Certi company to transact business in		
Please return	n all correspondence c	oncerning this matter to the	following:				
	Humberto Faria	as					
		N	ame of Person				
	LL Business M	anagement Services, LLC					
		Fi	irm/Company		· · · · · · · · · · · · · · · · · · ·		
	5401 Kirkman Rd #740						
-		***	Address				
	Orlando/FL 32	819					
•	**************************************	City/S	tate and Zip Code				
	ap@conceptsol.c	om					
		E-mail address: (to be use	d for future annual	report not	ification)		
For further i	information concernin	g this matter, please call:					
Hu	ımberto Farias		407 at (	720-47	11		
<del></del> .	Name o	of Contact Person	Area Code	Day	time Telephone Number		
Di <sup>.</sup> Re P.0	AILING ADDRESS: vision of Corporations gistration Section D. Box 6327 Hahassee, FL 32314			Division Registrat Clifton B 2661 Exc	ADDRESS: of Corporations ion Section uilding ceutive Center Circle see, FL 32301		
	a check for the follow \$125,00 Filing Fee	ring amount:  \$\Bigsig \\$130.00 \text{ Filing Fee & Certificate of Status}\$	☐ \$155.00 Filir Certified Copy	ig Fee &	☐ \$160.00 Filing Fee, Certific of Status & Certified Copy	ate	

April 24, 2017

HUMBERTO FARIAS 5401 KIRKMAN RD #740 ORLANDO, FL 32819

SUBJECT: LL BUSINESS MANAGEMENT SERVICES, LLC

Ref. Number: W17000035163

We have received your document for LL BUSINESS MANAGEMENT SERVICES, 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), AuthorizedPerson (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.

Jenna D Harris Regulatory Specialist II

Letter Number: 017A00007931

## 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 TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. LL Business Management Services, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company." "L.L.C.," or "LLC.")

			d Liability Company," "L.L.C.," or "LL		
(If name unavailable, enter al Liability Company," "L.L.C,"	ternate name adopte " or "LLC.")	ed for the purpose of transacting bu	isiness in Florida. The alternate name m	ust include "l	Limited
2 Delaware		3. 30-0982	041		
(Jurisdiction under the law company is organized)	of which foreign lin	nited liability	(FEI number, if applicable)		
4. 04/12/2017					
	(Date first t (See sections	ransacted husiness in Florida, if pr 605.0904 & 605.0905, F.S. to dete	ior to registration.) rmine penalty liability)		
5				<u>_</u>	
5401 S Kirkman Road				>	
		reet Address of Principal Office)		APR	<u> </u>
,				24	202
6.				70	
5401 S Kirkman Road	#740 Orlando FL	32819		꿒	#. <b>40</b>
<del> </del>	****	(Mailing Address)		Ü	£. <u>-</u>
7. Name and street addres	s of Florida regist	ered agent: (P.O. Box NOT a		വ ത	Œ
	Humberto Faria		ocepiaole)		•
Name:					
Office Address:	5401 S Kirkman				
	Orlando		Florida 32819 (Zip code)		
Registered agent's accep		(City)	(Zip code)		
designated in this applica	tion, I hereby acc ons of all statutes	ept the appointment as registe relative to the proper and consistered agent.	or the above stated limited liability red agent and agree to act in this co plete performance of my duties, an	apacity. Ift	urther agree
		(Registered agent's signa	ure)		
8. The name, title or capa	acity and address o	of the person(s) who has/have a	uthority to manage is/are:		
Concepta Project, LLC - :	5401 S Kirkman R	Road #740 - Orlando - FL - 328	19 Partner		
Maias Partners Corp - 934	4 S. Southlake Dri	ve Hollywood, FL 33019	Partner		
	of which it is orga		nenticated by the official having cus foreign language, a translation of the		
		Signature of an authorized	person		
The state of the s		-			
this document is executed submitted in a document to	t in accordance with the Department of	th section 605,0203 (1) (b), Flo of State constitutes a third degre	rida Statutes. I am aware that any fa e felony as provided for in s.817.15	lse informati 5, F.S.	ion

Typed or printed name of signee

Humberto Farias

Page 1

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "LL BUSINESS MANAGEMENT SERVICES, 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 FOURTEENTH DAY OF APRIL, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LL BUSINESS MANAGEMENT SERVICES, LLC" WAS FORMED ON THE FOURTH DAY OF APRIL, A.D. 2017.

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

Authentication: 202378101

Date: 04-14-17

6369697 8300 SR# 20172511296