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Special Instructions to F	iling Officer:	
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SECRETARY OF STATE
ALLAHASSEF, FI DBIR

K. SALY MAY 1 0 2017

#### **COVER LETTER**

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TO:

**Registration Section** 

Div	ision of Corporatio	ns						
SUBJECT:	NORTHWEST PA	SSAGE AAT, LLC						
	Name of Limited Liability Company							
					ansact Business in Florida," Co y company to transact business			
Please return	all correspondence	concerning this matter to the	following:					
	Eduardo Sanch	nez						
		N	ame of Person					
	NORTHWEST	PASSAGE AAT, LLC						
	Firm/Company							
	PO BOX 1665	1						
	Address							
	Chapel Hill, N	C 27516-6651						
		City/S	State and Zip Code					
	northwestpassag	eaat@gmail.com						
	<u> </u>	E-mail address: (to be use	d for future annual	report not	ification)			
For further in	nformation concerning	g this matter, please call:						
Edi	uardo Sanchez		267	627-46	61			
	Name o	of Contact Person	at ( Area Code	Day	rtime Telephone Number			
Div Reg P.O	ision of Corporation istration Section Box 6327 lahassee, FL 32314			Division Registrat Clifton B 2661 Exe	of Corporations ion Section duilding ecutive Center Circle see, FL 32301			
	check for the follow 1125.00 Filing Fee	ving amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filir Certified Copy	ng Fee &	□ \$160.00 Filing Fee, Certion of Status & Certified Copy	ficate		

### 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 RUSINESS IN THE STATE OF FLORIDA:

	AGE AAT, LLC eign Limited Liability Company; must	t include "Limited Liability Company,	," "L.L.C.," or "LLC.")
(If name unavailable, enter al Liability Company," "L.L.C,"		of transacting business in Florida. Th	e alternate name must include "Limited
Nevada		3. 81-3213264	
	of which foreign limited liability		r, if applicable)
4			
	(Date first transacted busines (See sections 605.0904 & 605.0	ss in Florida, if prior to registration.) 1905, F.S. to determine penalty liabilit	ly)
5. 4018 Oak Hill Rd		· · · · · · · · · · · · · · · · · · ·	
Chapel Hill, NC 27514			700
6. PO BOX 16651	(Street Address of Po	rincipal Office)	TARCARIA.
			一覧「下
Chapel Hill, NC 27516			
	(Mailing A		EFF = O
7. Name and street address	ss of Florida registered agent: (P.C	O. Box NOT acceptable)	95 5
Name:	Francis Sanchez		
Office Address:	15227 SW 43rd Terrace Rd		
	Ocala	, Florida <u>34</u>	473
Registered agent's accep	(City)		(Zip code)
Having been named as re this application, I hereby with the provisions of all:	egistered agent and to accept servi accept the appointment as registe statutes relative to the proper and ition as registered agent.	ered agent and agree to act in this I complete performance of my du	l corporation at the place designated in capacity. I further agree to comply ties, and I am familiar with and accept
,, p	(Registe	ered agent's signature)	
8. The name, title or capa		who has/have authority to manage	is/are:
8. The name, title or capa	acity and address of the person(s) of Manager PO BOX 16551 Chape	who has/have authority to manage	is/are:

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.

Eduardo Sanchez-Rosario, Manager

## 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, NORTHWEST PASSAGE AAT, 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 June 29, 2016, 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 April 13, 2017.

BARBARA K. CEGAVSKE Secretary of State

Borbora K. Cegarste

Electronic Certificate
Certificate Number: C20170413-0823
You may verify this electronic certificate online at http://www.nvsos.gov/



May 2, 2017

EDUARDO SANCHEZ NORTHWEST PASSAGE AAT, LLC P.O. BOX 16651 CHAPEL HILL, NC 27516-6651

SUBJECT: NORTHWEST PASSAGE AAT, LLC

Ref. Number: W17000037680

We have received your document for NORTHWEST PASSAGE AAT, 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):

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.

Karen A Saly
Regulatory Specialist II

Letter Number: 017A00008589