

M17000004030

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

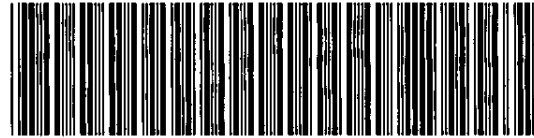
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600298966556

05/09/17--01022--016 \*\*180.00

FILED  
17 MAY -9 AM 7:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAY 11 2017

J SHIVERS

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **PROMIN PARTNERS 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:

**THAMARA PEREZ**

Name of Person

**TABADESA ASSOCIATES**

Firm/Company

**419 W 49TH ST, STE. 111**

Address

**HIALEAH, FL 33012**

City/State and Zip Code

**TAMMYP@TABADESA.COM**

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

For further information concerning this matter, please call:

**THAMARA PEREZ**

Name of Contact Person

at ( **305** )

Area Code

**558-0622**

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. PROMIN PARTNERS, 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. ISLAND OF NEVIS  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. \_\_\_\_\_  
(FEI number, if applicable)

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

5. 919 W 39TH ST  
(Street Address of Principal Office)  
MIAMI BEACH, FL 33140

6. 919 W 39TH ST  
(Mailing Address)  
MIAMI BEACH, FL 33140

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

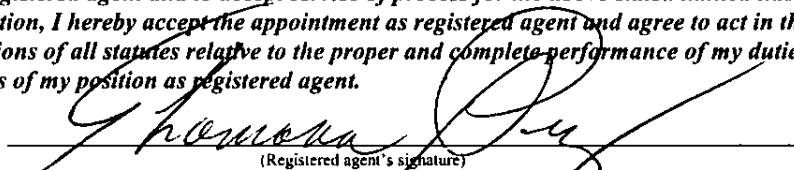
Name: Thamara Perez

Office Address: 419 W 49th St, Ste. 111

Hialeah, Florida 33012  
(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.*

  
(Registered agent's signature)

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

Title or Capacity:

Name and Address:

Title or Capacity:

Name and Address:

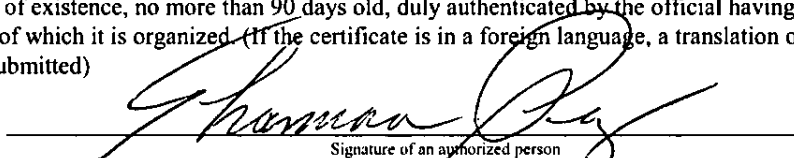
AR

Juan Carlos Pagan

919 W 39th St  
Miami Beach, FL 33140

(Use attachments if necessary)

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 of an authorized person

10. 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.

THAMARA PEREZ  
Typed or printed name of signee

FILED  
17 MAY - 9 AM 7:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

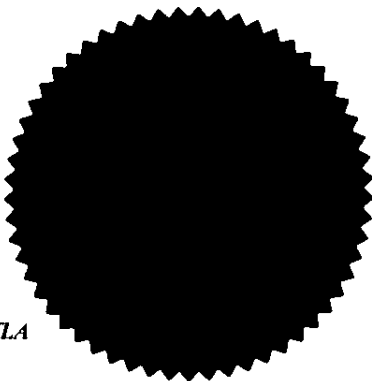
**ISLAND OF NEVIS  
OFFICE OF THE REGISTRAR OF COMPANIES**

***CERTIFICATE OF RENEWAL***

**I HEREBY CERTIFY that**

***PROMIN PARTNERS, LLC***

**has paid the prescribed annual fee for the period ending *05th May, 2018* as required  
under the provisions of the Nevis Limited Liability Company Ordinance 1995 as  
amended and as of today's date, has maintained its Registered Agent.**



***HeYDGfLA***

**Given under my Hand & Seal at Charlestown  
This *10th day of February, 2017***

A handwritten signature in black ink, appearing to be 'R. J. ...', written over a horizontal line.

**Registrar of Offshore Companies**

***No. L 16181***