

M17000005114

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

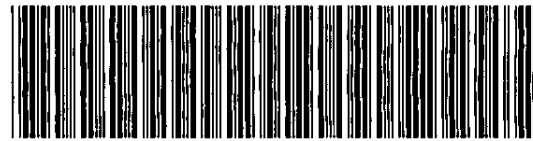
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

W17-46782

Office Use Only



500299414525

05/30/17--01038--016 **130.00

DIVISION OF CORPORATIONS

17 JUN 14 PM 12:00

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 2, 2017

CLEITON CARDOSO
6965 PIAZZA GRANDE AVE
STE 206
ORLANDO, FL 32835

SUBJECT: HIMNI.COM, LLC
Ref. Number: W17000046782

We have received your document for HIMNI.COM, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

The registered agent must sign accepting the designation.

Please list the complete principal office address.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia I Simmons
Regulatory Specialist II

Letter Number: 817A00011126

RECEIVED
2017 JUN 14 PM 12:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **HIMNI.COM, 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:

CLEITON CARDOSO

Name of Person

DOMINIUM CONSULTING SERVICES, LLC

Firm/Company

6965 PIAZZA GRANDE AVE, SUITE 206

Address

ORLANDO - FL 3285

City/State and Zip Code

INFO@DOMINIUMCS.COM

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

For further information concerning this matter, please call:

LEONARDO FIGUEIREDO

Name of Contact Person

at (**407**)

Area Code

374.2329

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. HIMNI.COM, 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. 28-35 34TH ST SUITE 21 ASTORIA, NEW YORK, 11103

(Jurisdiction under the law of which foreign limited liability company is organized)

3. APPLIED

(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. 28-35 34th St. Suite 21

(Street Address of Principal Office)

Astoria, New York, 11103

6. _____

(Mailing Address)

17 JUN 14 PM 12:00
DIVISION OF CORPORATIONS

FILED

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

Name: DOMINIUM CONSULTING SERVICES, LLC

Office Address: 6965 PIAZZA GRANDE AVE, UNIT 206

ORLANDO -

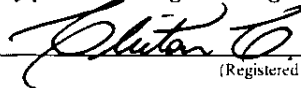
(City)

, Florida 32835

(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:

AMBR

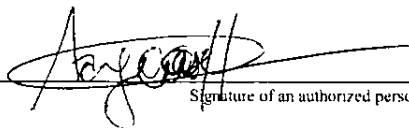
ALEX GARCIA

28-35 34TH ST SUITE 21

Astoria, New York, 11103

(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.

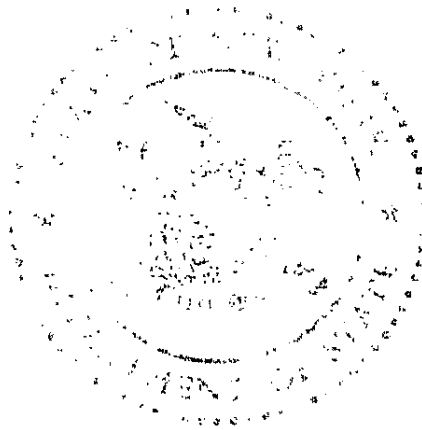
Alex Garcia

Typed or printed name of signee

State of New York
Department of State } ss:

I hereby certify, that HIMNI.COM, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 10/07/2013, and that the Limited Liability Company is existing so far as shown by the records of the Department.

The Biennial Statement is past due.



*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 16th day of May two
thousand and seventeen.*

A handwritten signature in black ink, appearing to read "B. Fitzgerald", with a long horizontal flourish extending to the right.

*Brendan W. Fitzgerald
Executive Deputy Secretary of State*