

MM000005361

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

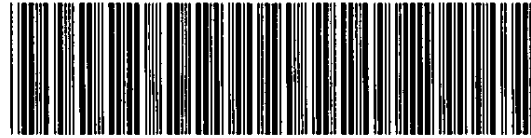
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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06/12/17--01010--001 **130.00

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TALLAHASSEE, FLORIDA

D SCOTT
JUN 23 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 13, 2017

FELIX A ZAPATA
2767 RIVER RIDGE DR
ORLANDO, FL 32825

SUBJECT: FEZ PROPERTY SOLUTIONS, LLC
Ref. Number: W17000049592

We have received your document for FEZ PROPERTY SOLUTIONS, 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):

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.

Dionne M Pijaux
Regulatory Specialist

Letter Number: 617A00011982

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TALLAHASSEE, FLORIDA

enclosing the certificate of good standing as requested
[Signature]

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FEZ Property Solutions, 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:

Felix A. Zapata

Name of Person

FEZ Property Solutions, LLC

Firm/Company

2767 River Ridge DR

Address

Orlando, FL 32825

City/State and Zip Code

fzapata@aol.com

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

For further information concerning this matter, please call:

Felix A. Zapata

Name of Contact Person

407

Area Code

310-4410

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

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TALLAHASSEE, FLORIDA

**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. FEZ Property Solutions, 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. State of Wyoming 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

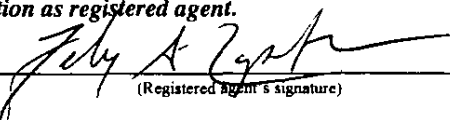
5. 2767 River Ridge DR 6. 2767 River Ridge DR
(Street Address of Principal Office) (Mailing Address)
Orlando, FL 32825 Orlando, FL 32825

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

Name: Felix A. Zapata
Office Address: 2767 River Ridge DR
Orlando, Florida 32825
(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:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>Authorized Member</u>	<u>Felix A. Zapata</u> <u>2767 River Ridge DR</u> <u>Orlando, FL 32825</u>	_____	_____
<u>Authorized Member</u>	<u>Eduardo A. Zapata</u> <u>2767 River Ridge DR</u> <u>Orlando, FL 32825</u>	_____	_____

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(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.

Felix A. Zapata
Typed or printed name of signer

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,

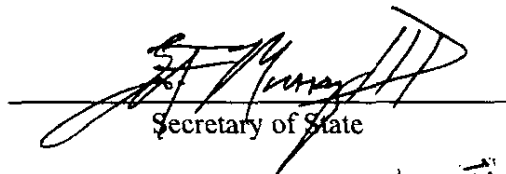
FEZ Property Solutions, LLC
is a
Limited Liability Company

formed or qualified under the laws of Wyoming did on **May 4, 2017**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2017-000752526**.

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 16th day of June, 2017 at 7:55 AM. This certificate is assigned 023366325.




Secretary of State

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TALLAHASSEE, FLORIDA