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2017. JUN 26 AM 8: 32 SECRETARY OF STATE TALLAHASSEE FLORIDA

DEPARTMENT OF BUILDING

UM 27 2017 J. HARRIS FLORIDA RESEARCH & FILING SERVICES, INC. 1211 CIRCLE DRIVE TALLAHASSEE, FL 32301 PHONE (850)364-8000

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ENTITY NAME:

OIGO, LLC

CH# 7643 FOR \$320.00 (\$160.00 for this filing)

PLEASE FILE THE ATTACHED QUALIFICATION & RETURN THE FOLLOWING:

XXX CERTIFIED COPY

STAMPED COPY

XXX CERTIFICATE OF STATUS

Examiner's Initials

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:

(if name unavailable, enter alternate)			ipany," "L.L.C.," or "LLC.")		
	name adopted for the purpose of transacting business in F	lorida The alternate	name must include "Limited Lisi	bility Company," "L.L.C," or "LLC.")	
2. Delaware		3.			
(Jurisdiction under the law of which foreign limited liability company is organized)			(FEI number, if applicable)		
4					
4	(Date first transacted business in Florida, if prior t	to registration)			
	(Date first transacted business in Florida, if prior t (See sections 605,0904 & 605,0905, F.S. to deter	mine penalty liability	v)		
5. c/o 8950 SW 74th Ct.		6.			
(Street Address of	Principal Office)	·	(Mailing Add	ress)	
Miami, FL 33156				~ ~	
					
7. Name and street addre	ss of Florida registered agent: (P.O. Bo	x <u>NOT</u> accep	table)	JUN 26 RETAR AHASS	
Name:	Atrium Registered Agents, Inc.			m ~ comp	
Office Address:	8950 SW 74th Ct. Ste. 1901		-	AM 8:	
	Miami		mi:a. 33156	8: 32 STATE	
	(City)		, Florida 33156		
designated in this applicate to comply with the provis	egistered agent and to accept service of ation, I hereby accept the appointment sions of all statutes relative to the prope as of my position as registered agent. Felipe Frias, VP Atrium Registered A	as registered over er and comple	agent apd\agreefiq act	in this capacity. I further agree	
	(Registered agent'	's signature)			
0.00			i li		
	acity and address of the person(s) who h		-	N 3 4 3 d	
Title or Capacity:	Name and Address:	Title o	r Capacity:	Name and Address:	
MGR	Felipe Frias as Trustee of the	;			
	Dorta Duque Family Trust				
	8950 SW 74th Ct. #1901	_			
	Miami, FL 33156				
					
					
(Use attachments if neces	ssary)				
9. Attached is a certificate	e of existence, no more than 90 days old of which it is organized. (If the certification of which it is organized.)				
9. Attached is a certificate jurisdiction under the law of the translator must be s	e of existence, no more than 90 days old of which it is organized. (If the certifical submitted) cuted in accordance with section 605.020 to the Department of State constitutes a t	03 (1) (b), Floi hird degree fel	ign language, a translat rida Statutes. I am awar lony as provided for in	ion of the certificate under oath	
9. Attached is a certificate jurisdiction under the law of the translator must be s	e of existence, no more than 90 days old of which it is organized. (If the certifical submitted) cuted in accordance with section 605.020 to the Department of State constitutes a t	ate is in a fore	ign language, a translat rida Statutes. I am awar lony as provided for in	ion of the certificate under oath	

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Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "OIGO, 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 TWENTIETH DAY OF JUNE, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OIGO, LLC" WAS FORMED ON THE SIXTEENTH DAY OF MARCH, A.D. 2011.

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

Authentication: 202742614

Date: 06-20-17