W17000006

(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: U38:16 W17-48486

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TANG TO PH 4: 15

S. WARREN AUG 1 1 2017



June 8, 2017

ADRIANA MARQUEZ 7791 NW 46 STREET, SUITE 206 MIAMI, FL 33166

SUBJECT: FASCO HOLDING LLC Ref. Number: W17000048486

We have received your document for FASCO HOLDING 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):

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$638.75.

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.

Stacey M Warren Regulatory Specialist II

Letter Number: 817A00011618

COVER LETTER

Registration Section

Division of Corporations

TO:

SUBJECT:	FASCO HOLDING, LLC				
		ed Liability Company			
Existence, as	d "Application by Foreign Limited Liability Company nd check are submitted to register the above refere	nced foreign limited	Transact Business in Florida," Certificate of liability company to transact business in Florida		
Please return	n all correspondence concerning this matter to the f	following:			
	ADRIANA MARQUEZ	me of Person			
	ACMM CONSULTING, INC	irm/Company			
	·	,			
	7791 NW 46 STREET SUITE 206	Address	 		
	MIAMI, FLORIDA 33166 City/St	tate and Zip Code			
	ADRIANA@ACMMCONSULTING.COM E-mail address: (to be use	ed for future annual rep	port notification)		
For further in	nformation concerning this matter, please call:				
<u>A</u> [DRIANA MARQUEZ	at () 4202541		
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		Area Code	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		
	a check for the following amount: \$125.00 Filing Fee \$ Certificate of Status	S155.00 Filing Certified Cop			

FASCO HOLDING, LLC	÷NY TO TRANSACT BUSINES	2 114 THE 21415 OF FE	.ORIDA:			
	oreign Limited Liability Company;	must include "Lincted Liza	edty Company," "L.L.C.," o	r "LLC.")		
(If name unavailable, enter alte	ernate name adopted for the purpo	se of transacting business	in Florida. The alternate n	ame must in		
Liability Company," "L.L,C.," "L 2. DELAWARE	LC ")				-3 00	Caraco
(Jurisdiction under the law	of which foreign limited trability	3	61-1797339 (FEI number, if application)	<u> </u>		
company is organized)			(i ci nomber, ii applic	able)		
<u> </u>	7/26/2 (Date first transacted business in	2016				
(5	See sections 605,0904 & 605,0905	FS to determine penalty	ition.) / liability)			
5. <u>7791 NW 46TH STREET</u>	SUITE 206					
Miami, FL 33166						
	(Street Address of	Principal Office)		-		
						
	_			 7÷}′		
	(Mailing A	(ddress)			A	
Name and street address	s of Florida registered agent: (P	O. Box NOT acceptable	e)		AUG 10	77
Name:	ACMM CONSULTING INC			jii.		D
Office Address:	7791 NW 46 STREET SUITE	E 206			PH 1	\odot
oss (s.,s.)	77011444 40 0 1 KEET 3011E		_	25	÷:	
	MIAMI		_ , Florida <u>33166</u>	<u> </u>	S	
egistered agent's accepta	(City))	(Zip code	e)		
irther agree to comply wi	pistered agent and to accept sopplication, I hereby accept the the provisions of all statul accept the obligations of my (Register	e appointment as regi les relative to the prop	stered agent and agre	a to set in	46	:
The name, title or capacity	y and address of the person(s) v	who has/have authority	to manage is/are:			
NDRE LOPES SANT'ANA						
ANAGER						
			·			
Attached is a certificate of risdiction under the law of with the translator must be subn	existence, no more/than 90 day	ys old, duly authenticate ficate is in a foreign lang	ed by the official having o	custody of re	ecords unde	in the

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.

Signature of an authorized person

ANDRE LOFES STINT ANA

Typed or printed name of signee

Page 1



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

DELAWARE, DO HEREBY CERTIFY "FASCO HOLDING 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 FIRST DAY OF JUNE, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FASCO HOLDING LLC" WAS FORMED ON THE SEVENTH DAY OF JULY, A.D. 2016.

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

MIN'S COMMANDER OF THE PARTY OF

Authentication: 202633229

Date: 06-01-17