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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : WESTON CORPORATE ADMINISTRATION,
Account Number : 120690000072
Phone : (954) 336-2905
Fax Number : (954) 337-8346

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: admin@cpasweston.com

Foreign Limited Liability Company
ROCITOMY LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

2017 SEP 28 PM 1:22

STATE OF FLORIDA
TALLAHASSEE

17 SEP 28 AM 8:49

SEP 28 2017

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ROCITOMY 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:

Name of Person

WESTON CORPORATE ADMINISTRATION LLC

Firm/Company

1200 BRICKELL AVENUE, SUITE 1950

Address

MIAMI, FL 33131

City/State and Zip Code

ADMIN@CPASWESTON.COM

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

For further information concerning this matter, please call:

JACQUELINE F RODRIGUEZ

954

278 - 8041

at

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clinton 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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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDAIN 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. ROCITOMY LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

2. DELAWARE

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

3.

(FEL number, if applicable)

4.

(Date first requested admitted to Florida, if prior to registration.
(See section 605.0901(2)(b) and 605.0903, F.S. to determine penalty liability.)

5. 2225 N COMMERCE PKWY

(Street Address or Mailing Address)

SUITE 4

WESTON, FL 33326

6. 2225 N COMMERCE PKWY

(Mailing Address)

SUITE 4

WESTON, FL 33326

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

Name:

WESTON CORPORATE ADMINISTRATION LLC

Office Address:

1200 BRICKELL AVE, SUITE 1950

MIAMI

Florida 33131

(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.

(Signature of registered agent)

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:

MGR

ALEJANDRO CARALDO

2225 N COMMERCE PKWY, STE 4
WESTON, FL 33326

(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)10. This document is executed in accordance with section 605.0903 (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

X ALEJANDRO CARALDO

(To be signed by authorized person)

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CLERK OF THE
SOLICITOR GENERAL
STATE OF FLORIDA

