

M17000009982

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

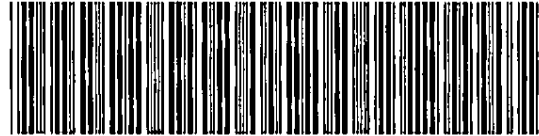
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATEMENT OF
TALLAHASSEE, FLORIDA

BF
11/28/17



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 9, 2017

RUBEN J. NIEVES
23257 STATE RD STE 211
BOCA RATON, FL 33428 US

SUBJECT: CSP MGT, LLC
Ref. Number: W17000089694

We have received your document for CSP MGT, 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):

The alternate name that you have chosen is not available. Please select a new name.

Please return the corrected original and one copy of 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.

Brittany M Figueroa
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 517A00022747



November 16, 2017

**Florida Department of State
Division of Corporations**

Ref: CSP MGT, LLC registration

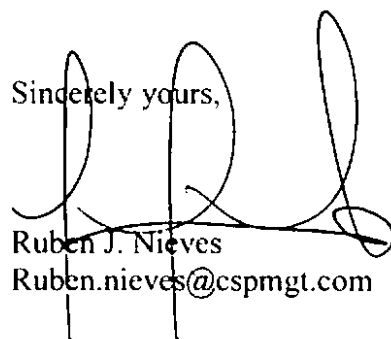
Dear Sir/Madam:

Attached you will find documents to register CSP MGT, LLC to transact business in Florida as follows:

1. Arkansas Corporation registration on 2013
2. Arkansas Certificate of Good Standing signed by the Secretary of State on November 4th, 2017
3. Arkansas Sales and Use Tax Permit
4. Cover Letter
5. Application form signed
6. Check in the amount of \$130.00

Is further information is needed, please call us at: (501) 712-4242 Ext 701

Sincerely yours,


Ruben J. Nieves
Ruben.nieves@cspmgt.com

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CSP MGT, 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:

Ruben J. Nieves

Name of Person

CSP MGT, LLC

Firm/Company

23257 State Road Suite 211

Address

Boca Raton, FL 33428

City/State and Zip Code

ruben.nieves@cspmgmt.com and/or accounting@cspmgmt.com

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

For further information concerning this matter, please call:

Ruben J. Nieves

501
at (_____) _____

712-4242 Ext. 701

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
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. CSP MGT, LLC

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

CSP MGT I, 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. Arkansas

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

3. 46-2577523

(FEI number, if applicable)

4. Expected to begin operations in DECEMBER 2017

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

5. 72 Batesville Blvd

(Street Address of Principal Office)

Suite A

Batesville, AR 72501

6. CSP MGT, LLC

(Mailing Address)

23257 State Road 7 Suite 211

Boca Raton, FL 33428

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

Name: Ruben J. Nieves

Office Address: 23257 State Road 7 Suite 211

Boca Raton

(City)

Florida 33428

(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.

Ruben J. Nieves

(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:

CEO

VanHung Porter

CEO

VanHung Port

1108 Golf Course Drive
Searsy, AR 72143

23257 State Road 7 Suite 211
Boca Raton, FL 33428

Director

Ruben J. Nieves

COO

Ruben J. Nieves

23257 State Road 7 Suite 211
Boca Raton, FL 33428

23257 State Road 7 Suite 211
Boca Raton, FL 33428

(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 605.0203 (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.

Ruben J. Nieves

Digitally signed by Ruben J. Nieves
Date: 2017.11.04 13:54:01 -05'00'

Signature of an authorized person

Ruben J. Nieves

Typed or printed name of signee



**Arkansas Secretary of State
Mark Martin**

State Capitol Building ♦ Little Rock, Arkansas 72201-1094 ♦ 501-682-3409

Certificate of Good Standing

I, Mark Martin, Secretary of State of the State of Arkansas, and as such, keeper of the records of domestic and foreign corporations, do hereby certify that the records of this office show

CSP MGT, LLC

authorized to transact business in the State of Arkansas as a Limited Liability Company, filed Articles of Organization in this office May 10, 2013.

Our records reflect that said entity, having complied with all statutory requirements in the State of Arkansas, is qualified to transact business in this State.



In Testimony Whereof, I have hereunto set my hand and affixed my official Seal. Done at my office in the City of Little Rock, this 4th day of November 2017.

Mark Martin

Mark Martin

Secretary of State

Online Certificate Authorization Code: 6d8559d0f7afea3

To verify the Authorization Code, visit sos.arkansas.gov