

MI7000010658

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

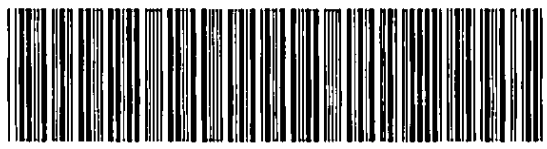
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

DEC 18 2017  
Y SULKER



**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. Celia Cruz Entertainment L.L.C.  
(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. New Jersey (Jurisdiction under the law of which foreign limited liability company is organized)      3. 82-1545749 (EIN 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))

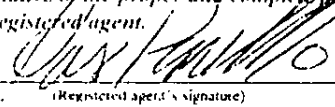
5. 1860 West Flagler Street (Street Address of Principal Office)      6. 1860 West Flagler Street (Mailing Address)  
Miami Florida 33135      Miami, Florida 33135

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

Name: Omer Pardillo Cid  
 Office Address: 1860 West Flagler Street  
Miami, Florida \_\_\_\_\_ Florida 33135  
(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)

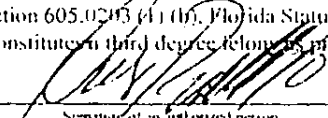
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>Member</u>	<u>Omer Pardillo Cid</u> <u>720 Coral Way, Apt. 9E</u> <u>Coral Gables, FL 33134</u>	<u>Member</u>	<u>Luis M. Fabian</u> <u>8870 NW 36 ST, APT 3101</u> <u>Doral, Florida 33178</u>
<u>Member</u>	<u>The Celia Cruz Foundation</u> <u>55 Flanagan Way, Suite 302</u> <u>Secaucus, NJ 07094</u>	_____	_____

(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 (4) (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  
OMER PARDILLO CID  
Typed or printed name of signer

RECEIVED  
 DEPARTMENT OF STATE  
 TALLAHASSEE, FLORIDA  
 11/19/13  
 FILED

**STATE OF NEW JERSEY  
DEPARTMENT OF THE TREASURY  
DIVISION OF REVENUE AND ENTERPRISE SERVICES  
SHORT FORM STANDING**

**CELIA CRUZ ENTERTAINMENT LLC**  
0450168095

*I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on May 15, 2017.*

*As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.*

*I further certify that the registered agent and office are:*

VCORP SERVICES LLC  
820 BEAR TAVERN ROAD  
WEST TRENTON, NJ 08628



*IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 8th day of December, 2017*

A handwritten signature in black ink, appearing to read 'Ford M. Scudder'.

*Ford M. Scudder  
Acting State Treasurer*

*Certificate Number . 6084585428*

*Verify this certificate online at*

*[https://www1.state.nj.us/TYTR\\_StandingCert/JSP/Verify\\_Cert.jsp](https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp)*