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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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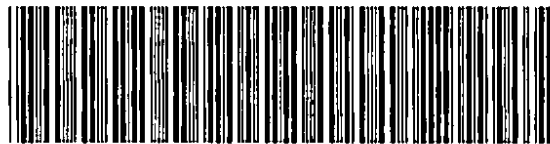
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. LEGGETT
JAN 10 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GALILEA INVESTMENTS 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:

WILLIAM G. HERSMAN, ESQ.

Name of Person

LAW OFFICE OF WILLIAM G. HERSMAN, P.A.

Firm/Company

10631 NORTH KENDALL DR., SUITE 210

Address

MIAMI, FL 33176

City/State and Zip Code

jcgilica@galizzo.com

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

For further information concerning this matter, please call:

WILLIAM G. HERSMAN

Name of Contact Person

786

at (

Area Code

621-6339

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. GALILEA INVESTMENTS 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. CALIFORNIA

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

3. 81-4530946

(FEI 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. 3528 LATHROP AVE.

(Street Address of Principal Office)

SIMI VALLEY, CA 93063

6. 3528 LATHROP AVE.

(Mailing Address)

SIMI VALLEY, CA 93063

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

Name: MARCIAL HERTZ

Office Address: 6423 COLLINS AVE., APT. 1607

MIAMI BEACH

(City)

, Florida 33141

(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:

Title or Capacity:

Name and Address:

Title or Capacity:

Name and Address:

MANAGER

Jaime Cristian Galilea Izzo

3528 LATHROP AVE.
SIMI VALLEY, CA 93063

MANAGER

Ana Maria Soledad Becerra

Valenzuela
3528 LATHROP AVE
SIMI VALLEY, CA 93063

(Use attachments if necessary)

9. Attached is a certificate of existence, not 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.

Signature of an authorized person

WILLIAM G. HERSMAN, ESQ.

Typed or printed name of signer

18 JAN -9 PM 12:26
FILED
STATE OF FLORIDA
TALLAHASSEE

FILED

State of California

Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME: GALILEA INVESTMENTS LLC

FILE NUMBER: 201632810215
FORMATION DATE: 11/16/2016
TYPE: DOMESTIC LIMITED LIABILITY COMPANY
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California,
hereby certify:

The records of this office indicate the entity is authorized to
exercise all of its powers, rights and privileges in the State of
California.

No information is available from this office regarding the financial
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this
certificate and affix the Great Seal
of the State of California this day of
July 19, 2017.

ALEX PADILLA
Secretary of State

RKS