## M1800001256

(Requestor's Name)						
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PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
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J. LEGGETT FEB O 6 2018



January 31, 2018

FABIAN GONZALEZ 20200 W DIXIE HWAY #606 AVENTURA, FL 33180 US

SUBJECT: KRAFT CAPITALS, LLC Ref. Number: W18000010179

We have received your document for KRAFT CAPITALS, 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):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Letter Number: 118A00002079

Judy A Leggett
Regulatory Specialist II
Registration Section

www.sunbiz.org

## **COVER LETTER**

. . . . . .

TO:

O:	Registration Section Division of Corporations	
i i d i c	CT: KRAFT CAPITALS, LLC	
OBJF.	Name of Limited Liability Company	
	losed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Ceree, and check are submitted to register the above referenced foreign limited liability company to transact business in	
ease i	eturn all correspondence concerning this matter to the following:	
	Fabian Gonzalez Name of Person	
	Name of Person	
	Firm/Company	
	20200 W. Dixie Hway # 606	
	Address	
	Aventura, FL, 33180  City/State and Zip Code	
	City/State and Zip Code	
	Fabgonzalez @ hotmail.com	
	E-mail address: (to be used for future annual report notification)	
or fur	her information concerning this matter, please call:	
	Fabian Gonzalez     at (305)     722-7346       Name of Contact Person     Area Code     Daytime Telephone Number	
	Name of Contact Person Area Code Daytime Telephone Number	
	MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration Section	
	P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301	
nclose	ed is a check for the following amount:  \$\Begin{align*} \Boxed{\text{S}} \text{S} \text{130.00 Filing Fee & } \Boxed{\text{S}} \text{S155.00 Filing Fee & } \Boxed{\text{D}} \text{S160.00 Filing Fee, Certified Copy} \text{Of Status & Certified Copy}	icate

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	IN F	LORIDA	
	TION 605.0902, FLORIDA STATUTEN, THE I SINENN IN THE STATE OF FLORIDA:	FOLLOWING IS SUBMITTED TO REGIST	FR A FOREIGN TIMITED HABILITY
(Name of Foreign	Capitals, LLC Limited Liability Company; must include "Limited Liability Company"	ted Liability Company," "L.L.C.," or "LLC.")	
(If name unavailable outer alternate	name adopted for the purpose of transacting business in F	Bridge The alternate name must include "Limited Lie	bulge Company "of 1 C" or "LC")
		3. 82-405603	
(Jurisdiction under the law of w	A r	(FEI numb	per, if applicable)
4	January 22, 201	8	
	(See sections 605,0904 & 605 0905, F.S. to deten	to registration ) mine penalty liability)	
5. 16192 Cos	astal Highway Principal Office)	6. ZOZOO W DIX	ie Hway
Lewis, Del	aware, 19958	Suite 606	·
		Aventura, FL	33180
7. Name and street address	ss of Florida registered agent: (P.O. Bo	ox <u>NOT</u> acceptable)	
Name:	Fabian Gonza	ilez.	
Office Address:	20200 W Divise	Hugu # 606	
Office Address.	Z0200 W Dixie	Florida 33/	80
Registered agent's accept	(( 113)	(Zip cod	de)
to comply with the provis	tion, I hereby accept the appointment ions of all statutes relative to the prope s of my position as registered agent.  (Registered agent	er and complete performance of my	
8. The name title or can	acity and address of the person(s) who l	hac/hava authority to managa ic/are-	-5
Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
Manager	Fabian Gonzalez	2	
	20200 W DIXIE HWAY AVENTUR, FL, 33180	<b>本(0人</b>	<u> </u>
	710th 3-1-1-1-1-1-10-10-10-10-10-10-10-10-10-10		
	<del>-</del>		
		<del>_</del>	
(Use attachments if neces	sary)		
	of existence, no more than 90 days old of which it is organized. (If the certifical ubmitted)		
10. This document is exec submitted in a document to	o the Department of State constitutes a t	03 (1) (b), Florida Statutes, I am awar hird degree felony as provided for in	re that any false information s.817.155. F.S.
	Signatu	re of an authorized person .	
	Fabian	Gonzalez	
	Typed	or printed name of signer	

Page 1

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "KRAFT CAPITALS, 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 SECOND DAY OF FEBRUARY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "KRAFT CAPITALS, LLC" WAS FORMED ON THE ELEVENTH DAY OF JANUARY, A.D. 2018.

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

Authentication: 202086282

Date: 02-02-18