

M1800000 1326

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

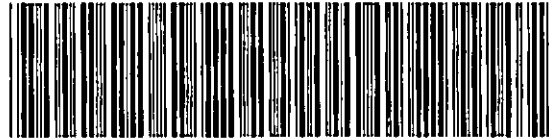
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2018 FEB -7 AM 7:42
FEB 7 2018
FEB 7 2018

FEB 08 2018
J. HARRIS

8111

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: IMREPSA 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:

LUIS C. MAYORGA
Name of Person
IMREPSA LLC
Firm/Company
3029 FOUR OAKS BLVD
Address
TALLAHASSEE, FL 32311
City/State and Zip Code
luis.carlos.mayorga@grupoemg.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LUIS C. MAYORGA at (850) 212 - 5522
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 9, 2018

LUIS C MAYORGA
3029 FOUR OAKS BLVD
TALLAHASSEE, FL 32311

SUBJECT: IMREPSA LLC
Ref. Number: W18000002221

2018 FEB -7 AM 7:42

We have received your document for IMREPSA LLC and your check(s) totaling \$130.00. However, the document has not been filed and is being retained in this office for the following:

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

Please return 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.

Jenna D Harris
Regulatory Specialist II

Letter Number: 718A00000559

RECEIVED
FEB 07 2018

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. IMREPSA, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC.")
- IMREPSA, 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. STATE OF DELAWARE
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 37-1862587
(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. 2701 CENTERVILLE ROAD
(Street Address of Principal Office)
NEWCASTLE COUNTY
WILMINGTON, DELAWARE 19808
6. 3029 FOUR OAKS BLVD
(Mailing Address)
TALLAHASSEE, FL 32311

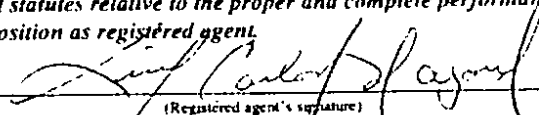
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: LUIS C. MAYORGA

Office Address: 3029 FOUR OAKS BLVD
TALLAHASSEE, Florida 32311
(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)

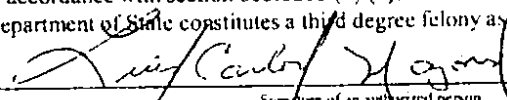
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
<u>MEMBER</u>	<u>LUIS C. MAYORGA</u> <u>3029 FOUR OAKS BLVD</u> <u>TALLAHASSEE, FL 32311</u>	<u>MEMBER</u>	<u>DALILA MAYORGA</u> <u>3029 FOUR OAKS BLVD</u> <u>TALLAHASSEE, FL 32311</u>
<u>MEMBER</u>	<u>PEDRO MAYORGA</u> <u>3029 FOUR OAKS BLVD</u> <u>TALLAHASSEE, FL 32311</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 (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

LUIS MAYORGA
Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "IMREPSA 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 TWENTY-THIRD DAY OF JANUARY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "IMREPSA LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF APRIL, A.D. 2017.



6387867 8300

SR# 20180418982

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 202019836

Date: 01-23-18