# M18000003380

(Danuarhada Nama)
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:  Spoke to Alvaro Lopez who yave permission to remove  DBA verbaye from application. BF

Office Use Only



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March 7, 2018

ALVARO T LOPEZ MEZA 8305 NW 27TH ST STE 108 DORAL, FL 33122

SUBJECT: FATO L.L.C.

Ref. Number: W18000021883

We have received your document for FATO L.L.C. and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

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: 118A00004570

Brittany M Figueroa
Regulatory Specialist II
Registration/Qualification Section

www.sunbiz.org

#### COVER LETTER

TO:

Registration Section

Div	ision of Corporations		
SUBJECT:	FATO LLC		
SUBJECT		Limited Liability Company	
		pany for Authorization to Transact Business in Florida," Certi renced foreign limited liability company to transact business in	
Please return	all correspondence concerning this matter to the	e following:	
	ALVARO T. LOPEZ MEZA		
		Same of Person	
	FATO LLC		
	F	Firm/Company	
	8305 NW 27TH STREET, SUITE 108		
		Address	
	DORAL, FL 33122		
	City/S	State and Zip Code	
	ALOPEZ@FATOCARGO.COM		
	E-mail address: (to be use	ed for future annual report notification)	
For further in	iformation concerning this matter, please call:		
AL	VARO T. LOPEZ MEZA	540 326 5981	
	Name of Contact Person	at () Area Code Daytime Telephone Number	
Divi Reg P.O	ILING ADDRESS: ision of Corporations istration Section . Box 6327 ahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
	check for the following amount: 125.00 Filing Fee  \$\Bigsim \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certification of Status & Certified Copy	ate

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

IN COMPILANCE WITH SECTION 005.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

		Limited Liability Company, must include "Lin				
	ame mavailable, enter alternate i VA - VIRGINIA	name adopted for the purpose of transacting business in		name must include "Lümited Lia 2232238	ability Company," "L.L.C," or "I	LLC ")
2	(Jurisdiction under the law of w	hich foreign limited hability company is organized)	3. <u></u>		iber, if applicable)	<del></del>
	01 March 2018					
₩.		(Date first transacted business in Florida, if prio- (See sections 605 0904 & 605,0905, F.S. to dete	r to registration )	<del></del>		
5.	42692 LATROBE STE	REET, CHANTILLY, VA 20	6.		7+Si	<del></del>
	(Street Address of I	Principal Office)	· <del></del>	(Mailing Add	iress) — (*)	
•	<u>-</u>	-				\$ 7
•					(i) (ii)	<b>&amp;</b> =
7.	Name and street addres	ss of Florida registered agent: (P.O. B	ox <u>NOT</u> accep	(able)	- 목	
	Name:	Ariel Rodriguez				
	Office Address:	10362 SW 21 Terr		_		E
	Office Address.	Miami		Florida 33165 (Zip cod		
		(City)		Florida (Zip cod	 de)	
	comply with the provisi	tion, I hereby accept the appointmentions of all statutes relative to the props s of my position as registered agent	i as registered a per and complet		in this capacity. I ful	rther agre
	comply with the provisi	ions of all statutes relative to the prop	i as registered a per and complete	igent and agree to act	in this capacity. I ful	rther agre
ana	comply with the provisi f accept the obligation.  The name, title or capa	ions of all statutes relative to the props of my position as registered agent (Registered agent)	it as registered of the rand completed of the rand completed of the registered of th	ngent and agree to act by performance of my rity to manage is/are:	in this capacity. I ful duties, and I am fami	rther agre liar with
ana	comply with the provisi I accept the obligation	ions of all statutes relative to the props of my position as registered agent (Registered agent acity and address of the person(s) who Name and Address:	it as registered of the rand completed of the rand completed of the registered of th	ngent and agree to act to performance of my	in this capacity. I ful	rther agre liar with
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Typed or printed name of signee

## Common brealth of Hirginia



### State Corporation Commission

### CERTIFICATE OF FACT

### I Certify the Following from the Records of the Commission:

That FATO L.L.C. is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

That the date of its organization is April 8, 2010; and

That the limited liability company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date: February 21, 2018

Joel H. Peck, Clerk of the Commission

CISECOM

Document Control Number: 1802216803