M1800000 560 1

(Re	questor's Name)				
bA)	dress)				
(Ad	dress)				
(Cit	y/State/Zip/Phon	e #)			
PICK-UP	MAIT	MAIL			
(Bu	siness Entity Nar	me)			
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to	Filing Officer:				

Office Use Only



300313680353

05/24/18--01012--023 **125.00



J. HARRIE

- COVER LETTER

J .*

41

· . .

t

		tration Section ion of Corporation	ns ·				
SUBJEC		GARCIA-GODOY	, D.O., LLC				
000000	· • • _		Name of I	Limited Liability (Company		
			reign Limited Liability Comp d to register the above refere				
Please ret	turn a	Il correspondence o	concerning this matter to the	following:			
		PHILLIP B. R.	ARICK				
			Na	ime of Person			
		RARICK & BE	ESKIN, P.A.				
6500 COWPEN ROAD, SUTIE 204							
				Address			
	MIAMI LAKES, FL 33014						
City/State and Zip Code							
		Franklin_godoy(@hotmail.com				
			E-mail address: (to be used	for future annual	report not	ification)	
For furthe	er info	ormation concernin	g this matter, please call:				
	PHII.	LIP B. RARICK		305 at (556-520	09	
-		Name c	f Contact Person	Area Code	Day	time 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				
		heck for the follow 25.00 Filing Fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filin Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Ce of Status & Certified Cop	



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 25, 2018

PHILLIP B RARICK RARICK & BESKIN, PA 6500 COWPEN RD, SUITE 204 MIAMI LAKES, FL 33014

SUBJECT: GARCIA-GODOY, D.O., LLC

Ref. Number: W18000050151

We have received your document for GARCIA-GODOY, D.O., LLC and your check(s) totaling \$125.00. However, the document has not been filed and is being retained in this office for the following:

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 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: 218A00011007

RECEIVED
2018 JUNIT PHIZ: 25
DIVISION OF CORPOVED
THE AHASSEE FOR

8

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

IN COMPILANCE 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. GARCIA-GODOY, D.						_
(Name of Foreign	Limited Liability Company; must include "Li	imited Liability C	ompany," "L.L.C.," or "LI	.C.")	•	_
06		To any other many to		111111111111111111111111111111111111111		<u>_</u>
	arne adopted for the purpose of transacting business	in riorida, i ne altem	ate name must include 0.001	a Clability Comp	pany, "Line, or "L	L.C. J
2. DELAWARE (Jurisdiction under the law of w	hich foreign limited liability company is organized)	_ 3		number, if appli	icable)	_
4	(Date first transacted business in Florida, if pr	rior to registration.)				
	(Date first transacted business in Florida, if pri (See sections 605 0904 & 605,0905, F.S. to de					
5. 6365 Collins Avenue, #1409 (Street Address of Principal Office)			365 Collins Avenue.			_
Miami Beach, FL 33141		M	(Mailing Address) Miami Beach, FL 33141			
				<u> </u>		_
7. Name and street address	ss of Florida registered agent: (P.O.	Box NOT acc	eptable)		2018 (AL)	°° 👣 .
Name:	FRANKLIN GARCIA-GODOY					Charge,
Office Address:	6365 Collins Avenue, #1409					imyr.
	Miami Beach		, Florida <u>33141</u>			3
Registered agent's accep	(City)			p code)	- 🤼 😯	÷
	ions of all statutes relative to the pros s of my position as registered agent. ————————————————————————————————————	Hui	Terley	my aunes, a	ana 1 am Jamu	iar with
	(Registered ag	gent's signature)	,			
8. The name, title or capa <u>Title or Capacity:</u>	acity and address of the person(s) wh Name and Address:		hority to manage is/a or Capacity:		ne and Address	: <u>:</u>
MGR	FRANKLIN GARCIA-GO					_
	6365 Collins Avenue, #1-	·	_			
	Miami Beach, FL 33141	<u> </u>				
-						
(Use attachments if neces	sary)					
	of existence, no more than 90 days of which it is organized. (If the certifulpmitted)					
	uted in accordance with section 605.0 the Department of State constitutes					ation
	I Le.	کے	911	<u>/</u> ~		
	Sign	nature of an authorize	rd person	-)		
	_					

Typed or printed name of signee

FRANKLIN GARCIA-GODOY

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "GARCIA-GODOY, D.O., 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 SIXTH DAY OF JUNE, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GARCIA-GODOY,
D.O., LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF APRIL, A.D. 2018.

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

Authentication: 202833708

Date: 06-06-18

6859194 8300 SR# 20185006197