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(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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FILED
2018 OCT -5 MK 10: 51
SECRETARY OF STATE
AREASSEE, FLORED

N CULLIGAN

TO: Registration Section Division of Corporations
SUBJECT: FL Carioca, LLC Name of Limited Liability Company
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:
Lisa Villagran Name of Person
Name of Person
FL Carioca, LLC Firm/Company
114 Songful Woods Pl. Address
The Woodlands TX 77380 City/State and Zip Code
Villagran_fam@att.net E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
LiSa Villagran at (832) 253-6770 Name of Contact Person Area Code Daytime Telephone Number

COVER LETTER

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:

\$\sum_{125.00}\$ \sqrt{130.00}\$ Filing Fee & Cartiforns of Street.

Certificate of Status

□ \$155.00 Filing Fee & Certified Copy

□ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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September 18, 2018

LISA VILLGRAN 114 SONGFUL WOODS PL. THE WOODLANDS, TX 77380

SUBJECT: FL CARIOCA, LLC Ref. Number: W18000083418

We have received your document for FL CARIOCA, 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 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) 245-6052.

Neysa Culligan Regulatory Specialist II

www.sunbiz.org

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Letter Number: 918A00019427

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

IN COMPILANCE WITH SECTION 605.0902, FLORIDA COMPANY TO TRANSACT BUSINESS IN THE STATE O		G IS SUBMITTED TO RECESTE	R A FOREGN LIMITED HABILITY
, FL Carioca LLC.			
(Name of Foreign Limited Liability Company	y; must include "Limited Liability	Company," "L.L.C.," or "LLC.")	
(If name unavailable, enter alternate name adopted for the purpose of	fransacting husiness in Florida. The all	ternate name must include "Limited Liabi	lity Company," "L.L.C. 2 "LLC.")
Texac	,	93-0868	7975 = 7
(Jurisdiction under the law of which foreign limited liability con	npany is organized)	(FEI number	r, if applicables
4. <u>h</u> /a			88 J. C.
(Date first transacted bus (See sections 605 0904 &	siness in Florida, if prior to registration. & 605.0905, F.S. to determine penalty l) jability)	SERVE
5. 114 Song Fu Woods (Street Address of Principal Office)	<u>P/</u> 6.	114 Sonofu	1 woods & O
The Wood lands, TX		The Woodlan	ds T唇型 5
7739	% ⊘		77380
7. Name and street address of Florida registered			D
Name: Karen G	erimmer (<u>10 ERA Ameri</u>	can Real Estate
Office Address: 60 2 Dd	Street		
Shalim	ar	, Florida 325	78
Registered agent's acceptance:	(Cny)	(Zip cexte)
Having been named as registered agent and to	accept service of process j	for the above stated limited i	liability company at the place
designated in this application, I hereby accept	the appointment as registe	red agent and agree to act i	n this capacity. I further agree
to comply with the provisions of all statutes reland accept the obligations of my position as re		nplete performance of my d	uties, and I am familiar with
	(Registered agent's signature)		
8. The name, title or capacity and address of th	te nerson(s) who has/have a	authority to manage islare	
Title or Capacity: Name and		tle or Capacity:	Name and Address:
manager Victor	Villagran		
11450	octulizads PI.		
1 THE CO-	1(58	,0	
Mariager Lisa	Villagran		
114 20 The We	naful Woodspl.		
(Use attachments if necessary)	177582)	
9. Attached is a certificate of existence, no more	than 90 days old, duly auti	henticated by the official hav	ring custody of records in the
jurisdiction under the law of which it is organize	ed. (If the certificate is in a	foreign language, a translation	on of the certificate under oath
of the translator must be submitted)			
10. This document is executed in accordance with submitted in a document to the Department of St	th section 605.0203 (1) (b),	Florida Statutes. I am aware	that any false information
			.017.100, Γ.δ.
Jua U.	1		
9	Ingrature of an author	lanager LLC	//

Typed or printed name of signee

Corporations Section P.O.Box 13697 Austin, Taxas 78711-3697



Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for FL Carioca, LLC (file number 803041394), a Domestic Limited Liability Company (LLC), was filed in this office on June 12, 2018.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on October 02, 2018.





Rolando B. Pablos Secretary of State

Come visit us on the internet at http://www.sos.state.tx.us/ Phone: (512) 463-5555 Fax: (512) 463-5709 Prepared by: SOS-WEB TID: 10264