

M18 DWD 10854

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

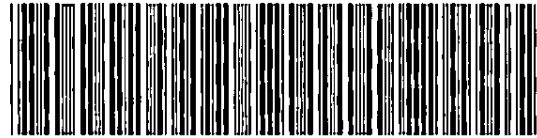
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W 18000092919

Office Use Only



600319375966

10/16/18--01044--010 **125.00

RECEIVED
OCT 15 2018

SECRETARY OF STATE
DIVISION OF CORPORATION
18 DEC -3 PM 4:59

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DAMAS TAX ADVISORS 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.

Name of Person

DAMAS TAX ADVISORS LLC

Firm Company

50 N GOULD ST SUITE R

Address

SHERIDAN WY 32301

City, State and Zip Code

ADVISOR@DAMASTAX.COM

E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call

ANA KAIRIS

954

546-1567

at

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

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

IN COMPLIANCE WITH SECTION 605.02, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

1. DAMAS TAX ADVISORS LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," "or "LLC")

(If name also contains more than one name adopted for the purpose of transacting business in Florida, the alternate name must include "Limited Liability Company," "LLC," or "LLC")

2. WYOMING 3. 83-1718037
(Jurisdiction under the law of which foreign limited liability company is organized) (EIN number, if applicable)

4. 01/01/2019
(Date first transacted business in Florida, if prior to registration;
otherwise use 01/01/00 or 01/01/13, as determined pursuant to statute)

5. 30 N GOULD ST SUITE R 6. 30 N GOULD ST SUITE R
(Street Address of Principal Office) (Mailing Address)
SHERIDAN WY 82801 SHERIDAN WY 82801

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

Name: SOUTH FLORIDA REGISTERED AGENT
Office Address: 4270 NW 19TH AVE SUITE F
POMPANO BEACH, Florida 33064
(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.

[Signature]
(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>MANAGER</u>	<u>ANA KAIRIS</u> <u>4270 NW 19TH AVE #F</u> <u>POMPANO BEACH, FL 33064</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]
(Signature of an authorized person)

ANA KAIRIS
(Typed or printed name of signer)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATE
10 DEC -3 PM 4:50

STATE OF WYOMING
Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

Damas Tax Advisors LLC

is a


Limited Liability Company

formed or qualified under the laws of Wyoming did on **August 13, 2018**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2018-000816075**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 26th day of October, 2018 at 9:19 AM. This certificate is assigned 028425528.




Secretary of State