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(City/State/Zip/Phone #)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ESTAPRO, 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:

WILLIAM A KANTROWITZ
Name of Person

ESTAPRO, LLC
Firm/Company

401 SW 4TH AVE #1102
Address

FORT LAUDERDALE, FL 33315
City/State and Zip Code

BILL@YOURFINANCIAL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

WILLIAM A KANTROWITZ at (954) 234-1101
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, 2019

WILLIAM A. KANTROWITZ
ESTAPRO LLC
401 SW 4TH AVENUE #1102
FORT LAUDERDALE, FL 33315

SUBJECT: ESTAPRO LLC
Ref. Number: W19000002230

We have received your document for ESTAPRO LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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) 245-6051.

Nanette Causseaux
Regulatory Specialist II Supervisor

Letter Number: 119A00000582



4420 BEACON CIRCLE
WEST PALM BEACH, FL 33407
Tel: (561) 842-3000
Fax: (561) 842-3626
www.warddamon.com

January 18, 2019

VIA FEDERAL EXPRESS – 7742 3512 6600

Florida Department of State
c/o Nanette Causseaux
2661 Executive Center Circle
Tallahassee, FL 32301

Re: ESTAPRO, LLC / Ref. Number W19000002230 / Letter Number
119A00000582

Dear Nanette:

In response to your attached correspondence dated January 9, 2019, we are providing you with the attached Certificate of Good Standing. This was received electronically from the state of Nevada. Please accept the attached clean PDF version for filing purposes. If for any reason the attached PDF is not acceptable, please contact the undersigned immediately at 561-459-5764. Thank you.

Sincerely,


Chris Lashley
Legal Assistant

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. S.T.A. PRO, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. NEVADA 3. 83-2228663
(Jurisdiction under the law of which foreign limited liability company is organized) (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. 10350 W. BAY HARBOR DR. 6. _____
(Street Address of Principal Office) (Mailing Address)
SUITE # 44
BAY HARBOR ISLAND
FL 33154

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

Name: WARD DAMON BUSINESS SERVICES, LLC

Office Address: 4420 BEACON CIRCLE
West Palm Beach, Florida 33407
(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:
Manager	<u>ANNA ALEeva</u> <u>10350 W. BAY</u> <u>HARBOR DRIVE</u> <u># 44</u> <u>BAY HARBOR ISLAND</u> <u>FL 33154</u>	Manager	<u>William Kantrowitz</u> <u>2707 SW 4th AVE</u> <u># 1102</u> <u>FORT LAUDERDALE</u> <u>FL 33315</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.

Willam

William Kantrowitz
Signature of an authorized person

William A Kantrowitz
Typed or printed name of signer

SECRETARY OF STATE



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2019 JUL 27 PM 8:54
CLERK OF COURT

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **ESTAPRO LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since October 17, 2018, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on January 18, 2019.

Barbara K. Cegavske

Barbara K. Cegavske
Secretary of State

Electronic Certificate
Certificate Number: C20190118-0633