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(Re	questor's Name)	
(Ad	dress)	
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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	}





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COVER LETTER

Registration Section

TO:

Div	ision of Corporations					
SUBJECT:	QUEEN INVESTMEN	NTS LLC				
SUBJECT		Name of Limited Liability Company				
The enclosed Existence, an	f "Application by Forcignd check are submitted t	gn Limited Liability Company o register the above referenced	for Authoriza I foreign limit	tion to Transact Business in Florida,' ed liability company to transact busin	" Certificate of ness in Florida.	
Please return	all correspondence cor	cerning this matter to the follo	owing:			
	JOHN E. EGUSQ	UIZA. ESQ				
		Name	of Person			
	EGUSQUIZA LA	W P.A.				
		Firm/C	Company			
	9960 SW 40 STR	EET				
		Ad	ldress			
	MIAMI, FLORID	A 33165				
		City/State a	ınd Zip Code			
	JOHN@JEELAWP	A.COM				
	ŀ	E-mail address: (to be used for	future annual	report notification)		
For further in	nformation concerning t	his matter, please call:				
JOL	IN EGUSQUIZA	at	305 (223-8744		
	Name of (Contact Person	Area Code	Daytime Telephone Number		
Div Reg P.O	ision of Corporations sistration Section Box 6327 lahassee, FL 32314			STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		
	losed is a check for the	following amount: to: FLORIDA DEPARTME	NT OF STAT	ΓE		
_	\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00	Filing Fee & S160.00 Filing ed Copy of Status & Cer		

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:

(Name of Foreign	Limited Liability Company; must include "Limite	d Liability	Company," "L.L.C.," or "LLC.")	
(It pame manulable ages cleanes	and the state of t	n to "The also	ernate name must include "Limited Liability Company," "L.L.C," or "LLC.	
i ii name uravanaoie, enter anemate i	name adopted for the purpose of transacting business in rio	nkia. The ane	imate name inust include (aimited that inty Company, 1.11, C, or 1.1.C.)	
DELAWARE 2		2	APPLIED FOR	
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	J	(Fill number, if applicable)	
NOT APPLICABLE				
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605,0905, F.S. to determine	registration.) ne penalty ha	ability)	
15846 SW 103 LANE			15846 SW 103 LANE	
5(Street Address of	Principal Office)	6	(Mailing Address)	
MIAMI, FL 33196		N	MIAMI, FLORIDA 33196	
		_	· · · · · ·	
		_		
7. Name and street addre	ss of Florida registered agent: (P.O. Box	NOT_ac	ceptable)	
Name:	JOHN EGUSQUIZA			
Name:				
Office Address:	9960 SW 40 STREET			
	MIAMI		33165	
			Florida	

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.

(Regular de la supplure)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name: FRANK GARCIA Manager Manager | Name: Address: 15846 SW 103 LANE Member Member Address: _____ MIAMI, FLORIDA 33196 Authorized Authorized Person Person Other______ Other___ Other_ Other_ Name: Manager Manager Name: _____ Member Member | Address: _____ Address: _____ Authorized Authorized Person Person Other Other Other____ Other Manager Name: _____ Manager Manager Member Address: ____ Member Address: ■ Authorized Authorized Person Person Other____ Other _____ Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 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.



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

DELAWARE, DO HEREBY CERTIFY "QUEEN INVESTMENTS, 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 SIXTEENTH DAY OF JANUARY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "QUEEN

INVESTMENTS, LLC" WAS FORMED ON THE FOURTEENTH DAY OF SEPTEMBER,

A.D. 2016.

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

Aga and a second second

Authentication: 202092953

Date: 01-16-19