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19 JAN 22 AM 8: 30 SECRETARY OF STATE

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January 29, 2019

MYLES MOCEGA 21500 BISCAYNE BLVD, STE. 401 AVENTURA, FL 33180

SUBJECT: FRANQUICIAS DEL NORTE, LLC

Ref. Number: W19000009097

We have received your document for FRANQUICIAS DEL NORTE, 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.

We have received your document for FRANQUICIAS DEL NORTE, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

-www.sunbiz.org

## **COVER LETTER**

TO:

Registration Section Division of Corporations

<del></del>	FRANQUICIAS DEL NORTE, LLC  Name of Limited Liability Company				
		mpany for Authorization to Transact Business in Flor Ferenced foreign limited liability company to transact			
Please return all correspond	dence concerning this matter to t	he following:			
<del></del>		Myles Mocega	··		
		Name of Person			
	Snyder Int	ernational Law Group, P.A.			
		Firm/Company			
	21500 H	Biscayne Blvd. Suite 401			
		Address			
	A	ventura, FL 33180			
		//State and Zip Code			
	-	s@snyderintl.com			
	E-mail address: (to be u	sed for future annual report notification)			
For further information con	icerning this matter, please call:				
Myles M	ocega	at ( 786 ·) 899-2880			
1	Name of Contact Person	Area Code Daytime Telephone Numb	per		
MAILING ADDI Division of Corpo Registration Section P.O. Box 6327 Tallahassee, FL 32	rations on	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			
	k for the following amount: c payable to: FLORIDA DEPA g Fee S130.00 Filing Fe		ling Fee, Certificate		

## 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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA: FRANQUICIAS DEL NORTE LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.") (II name unavailable, enter afternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.") DFLAWARE
of which forcigo lamined liability company is organized) (FEI number, if applicable) (Date first transacted business in Florids, if prior to registration.) (See sections 605.0904 & 605.0905, F.S.; to determine pensity (inhibity) 7142 NE 2nd Avenue 7142 NE 2nd Avenue (Street Address of Principal Office) (Mailing Address) MIAML FL 33138 MIAMI, FL 33138 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: SNYDER-INTERNATIONAL 21500 BISCAYNE BLVD, SUITE 401 **AVENTURA** Florida (City) 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 superure) 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: MGR JERONIMO CANTON **ZIAZ NE ŽND AVENUP** MIAML FL 33138 (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) of the translator must be submitted)

submitted in a document to the Department of State constitutes a third department for in s.817.155, F.S.

Signature of an authorized person

JERONIMO CANTON

Typed or printed name of signee

10. This document is executed in accordance with section 605-0203 (1) (b). Ptorida Statutes. I am aware that any false information

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

DELAWARE, DO HEREBY CERTIFY "FRANQUICIAS DEL NORTE 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 THIRTY-FIRST DAY OF JANUARY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FRANQUICIAS DEL NORTE LLC" WAS FORMED ON THE FOURTH DAY OF DECEMBER, A.D. 2018.

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

30 Sec. 10 Sec

Authentication: 202181079

Date: 01-31-19