M19000	001188
(Requestor's Name) (Address) (Address)	400324119574
(City/State/Zip/Phone #)	400324119574 02/01/1901004017 **130.00
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	19 FEB - 1 PH 腔: 15
Office Use Only	FILED 19 FEB - I AN 7: 55 SECRETARY OF STATE IALLAHASSEE, FLORIDA



NanoSUR, LLC CIC Miami 1951 NW 7th Avenue Miami, FL 33136

Dear Sir/Madam,

I am hereby kindly requesting that you send a "Certificate of Status" for NANOSUR LLC to the following address:

Juan Arhancet 7135 Collins Ave. Apt. 1012 Miami Beach, FL 33141

Enclosed, please find the following items:

- 1. A Certificate of Existence for NANOSUR LLC, issued by the State of Delaware
- 2. A signed document requesting:
  - a. The registration of NANOSUR LLC (a Delaware company) in the State of Florida, and
  - b. A "Certificate of Status" from the State of Florida for NANOSUR LLC.
- 3. A \$130 check to pay to the Florida Department of State for the services requested
- 4. A prepaid self-addressed envelope for you to mail me the "Certificate of Status"

Should you have any question, please feel free to call me.

Best regards, yours sincerely,

Juan

Juan Arhancet, Ph.D. CEO, NanoSUR (202)701-5532 nanosurja@gmail.com www.nanosur.com



**COVER LETTER** 

TO: **Registration Section Division of Corporations** 

NANOSUR SUBJECT:

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:

Juan Arhancet		
Na	ime of Person	
NANOSUR		
Fi	m/Company	
CIC Miami, Suite 60	0, 1951	NW 7th Avenue
	Address	
Miami, Florida, 3313	86	
City/St	ate and Zip Code	<u> </u>
nanosurja@gmail.co	m	
E-mail address: (to be used	for future annual	report notification)
For further information concerning this matter, please call:		
Juan Arhancet	at ( <b>202</b>	,701-5532
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 Status Certificate of Status	Certified Copy	g Fee & S160.00 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

## 1 NANOSUR LLC

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

(If name unavailable, enter alternat	e name adopted for the purpose of transacting business in Fl	orida. The alternate nam	e must include "Limited Li	iability Company," "L.L.C," or "LI.C.
2 Delaware, USA		<sub>3.</sub> 81-51	79046	
(Jurisdiction under the law of	which foreign limited liability company is organized)			nber, if applicable)
4. N/A				
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ			
5. 1951 NW 7th Av	venue	<sub>6.</sub> 1951	NW 7th Aveni	Je
(Street Address )	of Principal Office)		(Mailing Ad	
CIC Miami, Suite 6	00	CIC M	liami, Suite 60	)0
Miami, FL 3313	6	Miami	, FL 33136	- 00 <b>5</b>
				117 1035 111
<ol><li>Name and street addi</li></ol>	ress of Florida registered agent: (P.O. Bo	x <u>NOT</u> acceptabl	le)	
Name:	Northwest Registered Agent	, LLC.		
Office Address	7901 4th St N STE 300			1.
	St. Petersburg		Florida 33702	All SS
	(City)		(Zin co	vie)

## **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.

		Ton Glove		
		(Registered agent	's signature)	
8.	The name, title or capacity	y and address of the person(s) who l	has/have authority to manage is/a	ire:
	Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
	Officer	Juan Arhancet	Officer	
	<u> </u>	7135 Collins Ave. Apt 1012		
		Miami Beach, FL 33141		

Officer

(Use attachments if necessary)

Officer

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.

- And	anert
	Signature of an authorized person

Juan Arhancet

Grace Arhancet 7135 Collins Ave, Apt 1012 Miami Beach, FL 33141

Typed or printed name of signee



The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NANOSUR 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 TWENTY-NINTH DAY OF JANUARY, A.D. 2019.



Jeffrey W. Bull Secretary of State

Authentication: 202159492 Date: 01-29-19

5034596 8300

SR# 20190551908 You may verify this certificate online at corp.delaware.gov/authver.shtml