

M19000002003

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

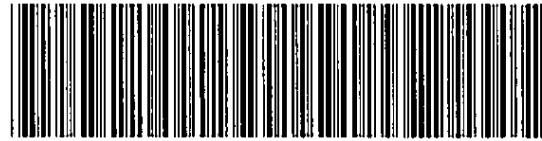
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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19 FEB 26 PM 6:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

O. SIMMONS  
FEB 27 2019



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 11, 2019

LEONEL LOPES  
PO BOX 5154  
NEWARK, NJ 07105

SUBJECT: LEO'S CHOICE QUALITY WINES & SPIRITS, LLC  
Ref. Number: W19000013228

We have received your document for LEO'S CHOICE QUALITY WINES & SPIRITS, 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):

Please list the complete principal office address.

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.

Octavia L Simmons  
Regulatory Specialist III

Letter Number: 419A00002892

2019 FEB 11 11:23 AM

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** LEO'S CHOICE Quality Wines & Spirits, L.L.C  
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:

Leonel Freire Lopes

Name of Person

LEO'S CHOICE Quality Wines &amp; Spirits, LLC

Firm/Company

P.O. BOX 5154

Address

Newark, NJ 07105

City/State and Zip Code

leo@leoschoice.com

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

For further information concerning this matter, please call:

Leonel F. Lopes

862

576-2286

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:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$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 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. LEO'S CHOICE Quality Wines Spirits, LLC  
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.")

Ibero Wines 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. State of New Jersey 27-1466050  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. N/A  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 135 ROME ST. 6. P.O. BOX 5154  
(Street Address of Principal Office) (Mailing Address)

NEWARK, N.J. 07105 NEWARK, N.J. 07105  
U.S.A. U.S.A.

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

Name: Liliana Romao Silva Simoes Lopes

Office Address: 1860 Venice Park Drive Apt #201

North Miami 33181  
(City) Florida (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.

FILED  
19 FEB 26 PM 6 09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:

☒ Manager      Name: Leonel F Lopes

☒ Member      Address: P.O. BOX 5154

☐ Authorized      Newark, NJ 07105

Person [Signature]

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager      Name: \_\_\_\_\_

☐ Member      Address: \_\_\_\_\_

☐ Authorized      \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager      Name: \_\_\_\_\_

☐ Member      Address: \_\_\_\_\_

☐ Authorized      \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

Title or Capacity:                      Name and Address:

☐ Manager      Name: Liliana Romao S S Lopes

☐ Member      Address: 1860 Venice ParkDr

☒ Authorized      Apt #201

Person North Miami, FL 33181

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager      Name: \_\_\_\_\_

☐ Member      Address: \_\_\_\_\_

☐ Authorized      \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager      Name: \_\_\_\_\_

☐ Member      Address: \_\_\_\_\_

☐ Authorized      \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed 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.

[Signature]      [Signature]  
Signature of an authorized person

Liliana Romao Silva Simoes Lopes      LEONEL F LOPES

Typed or printed name of signee

**STATE OF NEW JERSEY  
DEPARTMENT OF THE TREASURY  
DIVISION OF REVENUE AND ENTERPRISE SERVICES  
SHORT FORM STANDING**

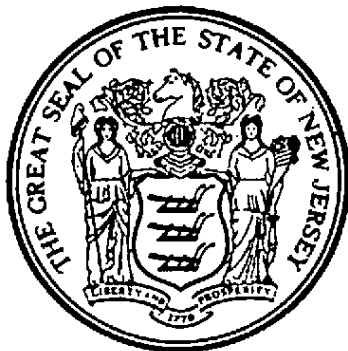
**LEO'S CHOICE QUALITY WINES & SPIRITS LLC**  
0600355687

*I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on February 16, 2010.*

*As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.*

*I further certify that the registered agent and office are:*

DONALD POE, P.A.  
125 VAN BUREN STREET  
NEWARK, NJ 07105



*IN TESTIMONY WHEREOF, I have  
hereunto set my hand and affixed  
my Official Seal at Trenton, this  
29th day of January, 2019*

Elizabeth Maher Muoio  
State Treasurer

Certificate Number : 2382251076

Verify this certificate online at

[http://www1.state.nj.us/TYTR\\_StandingCert/JSP/Verify\\_Cert.jsp](http://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp)