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(Business Entity Name)				
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FLORIDA DEPARTMENT OF STATE Division of Corporations

January 29, 2019

JORGE SANTOS 3000 CORAL WAY STE 1415 MIAMI, FL 33145

SUBJECT: CIAO MOVING & STORAGE LLC Ref. Number: W19000009268

We have received your document for CIAO MOVING & STORAGE LLC and your check(s) totaling \$160.00. 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.

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) 245-6052.

Cathy Cave

Letter Number: 419A00002100

www.sunbiz.org

TO: Registration Section Division of Corporations

Ciao Moving & Storage LLC.

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:

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Jorge Santos Name of Person Ciao Moving & Storage LLC. Firm/Company 3000 Coral Way Suite 1415 Address Miami, FL 33145 City/State and Zip Code jorgesantos06@hotmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jorge Santos 305 323-8690 __ at (_____ Daytime Telephone Number Area Code Name of Contact Person MAILING ADDRESS: STREET ADDRESS: Division of Corporations **Division of Corporations** Registration Section **Registration Section** P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301 Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE **\$130.00** Filing Fee & □ \$155.00 Filing Fee & S160.00 Filing Fee, Certificate S125.00 Filing Fee Certified Copy of Status & Certified Copy Certificate of Status

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:

(,B.	e LLC. Limited Liability Company; must include "Lim	ited Liability Cor	npany," "L.L.C.," or "LLC.")		
i name unavailable, enter alternate r	name adopted for the purpose of transacting business in l	Florida. The alternat	e name must include "Limited Liability Compa	any," "L.L.C," or "LLC.")	
Delaware		n			
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	3	(FEI number, if applic	able)	
N/A					
	(Date first transacted business in Florida, if prior (See sections 605.0904 & 605.0905, F.S. to deter	to registration.) rmine penalty liabilit	ty)		
-	3000 Coral Way Suite 1415, Miami, FL 33145		00 Coral Way Suite 1415, Miam	i, FL 33145	
(Street Address of Principal Office)		6(Mailing Address)			
		<u> </u>	·····		
Name and street addres	ss of Florida registered agent: (P.O. Bo	ox <u>NOT</u> acce	ptable)		
	Jorge Santos				
Name:	Jorge Santos		_	201	
Name:			_	St:	
Name: Office Address:	Jorge Santos 3000 Coral Way Suite 1415			19 H SECKE RALLAR	
	3000 Coral Way Suite 1415			19 HAR SECKE : A BALLAMAS	
			 	19 MAR -7 SECKE IN CO BALLIAMASSE	
	3000 Coral Way Suite 1415				
	3000 Coral Way Suite 1415 Miami (Cny)		, Florida	19 HAR -7 PH SECREDARD OF ST BALLAMASSEE FLA	

and accept the obligations of my position as registered agent.

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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:
Manager	Name:	Manager	Name:
Member	Address:	Member	Address: 3000 Coral Way Suite 1415
Authorized	Miami, FL 33145	Authorized	Miami, FL 33145
Person		Person	
Other	Other	Other	Other
Manager	Name:	Manager	Name:
Member	Address:	Member	Address:
Authorized		Authorized	
Person		Person	
Other	Other	Other	Other
Manager	Name:	Manager	Name:
Member	Address:	Member	Address:
Authorized	<u></u>	Authorized	
Person		Person	
Other	Other	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 of an authorized person lorge SANTOS

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CIAO MOVING & STORAGE 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 THIRTEENTH DAY OF FEBRUARY, A.D. 2019.



Authentication: 202256473 Date: 02-13-19

6862211 8300

SR# 20190840163 You may verify this certificate online at corp.delaware.gov/authver.shtml