

M19000002341

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

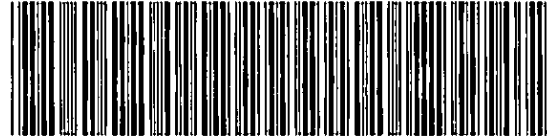
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W19-13551
name unavailable match cert

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19 FEB 27 AM 8:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

O SIMMONS
MAR 12 2019

Marcus Vinicius Abreu Pereira
2bTrust, LLC
7345 W. Sand Lake Rd. Ste. 227
Orlando, FL 32819
Phone: (407) 232-6777
Fax: (407) 710-0533

February 22, 2019

Florida Department of State

Division of Corporations
Attention: Octavia L. Simmons, Regulatory Specialist III
Ref. Letter Number: 519A00002945
P.O. Box 6327
Tallahassee, FL 32314

RE: Affidavit of no intention of reinstating.
Letter Number: 519A00002945

Dear Ms. Simmons:

I am in receipt of your letter stating the Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida has not been filed due to a name conflict.

I am the authorized member of 2bTrust, LLC (document number L17000252525), a Florida LLC. Our company has relocated to the State of Delaware, but we still conduct business in Florida.

From a conversation with your agency by phone, we were advised to dissolve 2bTrust, LLC in Florida and reapply as a foreign LLC doing business in Florida.

Please consider this letter a formal affidavit that 2bTrust, LLC (document number L17000252525) has no intention of reinstating as a Florida LLC. We ask that you kindly release the name to be used in the registration of the new company 2bTrust, LLC, a Delaware LLC seeking to transact business in Florida, currently under application W19000013551.

If you have any questions or require any additional information, please reach out to us at (407) 232-6777.

Thank you.



Marcus Vinicius Abreu Pereira

Attachments:

Letter number 519A00002945, Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida (as originally filed), Delaware Certificate of Status (as originally filed).

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 2bTrust, LLC

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:

Felipe Mardakis

Name of Person

Prime Accounting & Consultancy, LLC

Firm/Company

7345 W. Sand Lake Rd. Ste. 226

Address

Orlando, FL 32819

City/State and Zip Code

info@primeaccounting.com

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

For further information concerning this matter, please call:

Felipe Mardakis

407

232-6777

at (_____)

Name of Contact Person

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. 2bTrust, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "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. Delaware 82-3692722
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 16192 Coastal Highway 9100 Conroy Windermere Rd.
(Street Address of Principal Office) (Mailing Address)

Ste. 200

Lewes, DE 19958

Windermere, FL 34786

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

Name: Prime Accounting & Consultancy, LLC

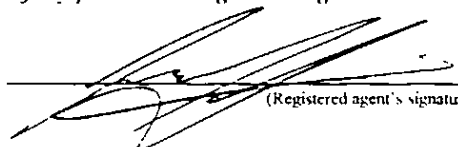
Office Address: 7345 W. Sand Lake Rd. Ste. 226

Orlando 32819
(City) , Florida (Zip code)

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SECRETARY OF STATE
TALLAHASSEE, 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.


(Registered agent's signature)

<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Marcus Vinicius de Abreu Pereira</u>
<input type="checkbox"/> Member	Address: <u>9100 Conroy Windermere Rd.</u>
<input checked="" type="checkbox"/> Authorized	<u>Ste. 200</u>
Person	<u>Windermere, FL 34786</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized
Person _____

☐ Other ☐ Other

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	_____ _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

☐ Manager Name: _____

☐ Member Address: _____


☐ Authorized _____

Person _____

☐ Other _____

<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____
Person	_____
<input type="checkbox"/> Other	<input type="checkbox"/> Other

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)


Signature of an authorized person

Marcus Vinicius de Abreu Pereira
Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "2BPLATINUM, LP" 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 FIRST DAY OF NOVEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "2BPLATINUM, LP" WAS FORMED ON THE THIRTIETH DAY OF AUGUST, A.D. 2018.

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



7037890 8300

SR# 20187430765

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

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203725734

Date: 11-01-18