

M190000004667

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

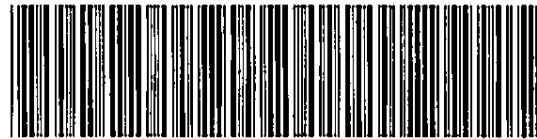
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 1, 2019

LISETTE LIFSCHITZ
3625 N COUNTRY CLUB DR, APT 1003
MIAMI, FL 33180

SUBJECT: INNOVA STEP, LLC
Ref. Number: W19000036958

We have received your document for INNOVA STEP, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

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.

Brooke N Kinsey
Regulatory Specialist II

Letter Number: 219A00008748



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 12, 2019

LISETTE LIFSCHITZ
3625 N COUNTRY CLUB DR, APT 1003
MIAMI, FL 33180

SUBJECT: INNOVA STEP, LLC
Ref. Number: W19000036958

We have received your document for INNOVA STEP, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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.

Brooke N Kinsey
Regulatory Specialist-II

Letter Number: 319A00007439

RECEIVED
APR 29 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INNOVA STEP, 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:

LISETTE LIFSCHITZ, CPA

Name of Person

L&L ACCOUNTING SERVICES PA

Firm/Company

3625 N COUNTRY CLUB DR APT 1003

Address

MIAMI, FL 33180

City/State and Zip Code

LISETTE.LIF@GMAIL.COM

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

For further information concerning this matter, please call:

LISETTE LIFSCHITZ

Name of Contact Person

305

or (_____)

Area Code

610 2202

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

☒ \$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. INNOVA STEP, 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. CALIFORNIA

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 61-1749048

(FED number, if applicable)

4. 04/15/19

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

5. 855 EL CAMINO REAL STE 13A

(Street Address of Principal Office)

PALO ALTO CA 94301

6. 3625 n country club dr apt 1003

(Mailing Address)

miami fl 33180

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

Name: L&L ACCOUNTING SERVICES PA

Office Address: 3625 N COUNTRY CLUB DR APT 1003

MIAMI

(City)

Florida 33180

(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 relating 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)

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:

MBR

JOSE L MARTINEZ

855 EL CAMINO REAL ESTATE 13A
PALO ALTO CA 94301

(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)

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)

JOSE LUS MARTINEZ

Typed or printed name of signee

State of California
Secretary of State
CERTIFICATE OF STATUS

ENTITY NAME: INNOVA STEP, LLC

FILE NUMBER: 201428910314
FORMATION DATE: 10/14/2014
TYPE: DOMESTIC LIMITED LIABILITY COMPANY
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California,
hereby certify:

The records of this office indicate the entity is authorized to
exercise all of its powers, rights and privileges in the State of
California.

No information is available from this office regarding the financial
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this
certificate and affix the Great Seal
of the State of California this day of
April 4, 2019.

ALEX PADILLA
Secretary of State

SYD