

M19000005333

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

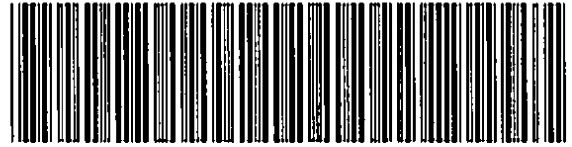
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

cert
W190000048599

Office Use Only



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05/10/19--01008--020 **125.00

6/14/19 10:00 AM
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MAY 31 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 17, 2019

JOHN SANTOS
1181 S SUMTER BLVD #357
NORTH PORT, FL 34287

SUBJECT: HOWLOO LLC
Ref. Number: W19000048599

We have received your document for HOWLOO LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

Brooke N Kinsey
Regulatory Specialist II

Letter Number: 019A00010059

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HOWLOO 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:

JOHN SANTOS

Name of Person

HOWLOO LLC

Firm/Company

1181 S. SUMTER BLVD #357

Address

NORTH PORT, FL 34287

City/State and Zip Code

JOHN@HOWLOO.COM

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

For further information concerning this matter, please call:

JOHN SANTOS

Name of Contact Person

941 237-0287
at ()

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

RECEIVED
DIVISION OF CORPORATIONS
JAN 13 2019

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. HOWLOO 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
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 81-2161226
(FEI number, if applicable)
4. 05/01/2019
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 1181 S. SUMTER BLVD #357
(Street Address of Principal Office)
6. 1181 S. SUMTER BLVD #357
(Mailing Address)
- NORTH PORT, FL 34287
- NORTH PORT, FL 34287
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

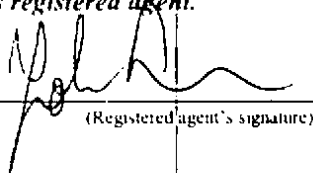
Name: JOHN SANTOS

Office Address: 1181 S. SUMTER BLVD #357

NORTH PORT 34287
(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.


(Registered agent's signature)

05/01/2019
11:00 AM
FILED
CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
THE COUNTY OF FLORIDA
NORTH PORT

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: JOHN SANTOS

☐ Member Address: 1181 S. SUMTER BLVD #357

☐ Authorized NORTH PORT, FL 34287

Person

☐ Other ☐ Other

☒ Manager Name: RACHAEL SANTOS

☐ Member Address: 1181 S. SUMTER BLVD #357

☐ Authorized NORTH PORT, FL 34287

Person

☐ Other ☐ Other

☐ Manager Name:

☐ Member Address:

☐ Authorized

Person

☐ Other ☐ Other

Title or Capacity: **Name and Address:**

☐ Manager Name:

☐ Member Address:

☐ Authorized

Person

☐ Other ☐ Other

☐ Manager Name:

☐ Member Address:

☐ Authorized

Person

☐ Other ☐ Other

☐ Manager Name:

☐ Member Address:

☐ Authorized

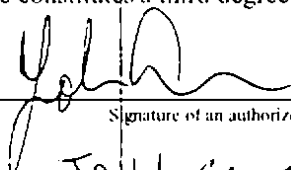
Person

☐ 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 of an authorized person

JOHN SANTOS

Typed or printed name of signee


Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "HOWLOO 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-THIRD DAY OF MAY, A.D. 2019.




Jeffrey W. Bullock, Secretary of State

6011532 8300

SR# 20194348928

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

Authentication: 202883085

Date: 05-23-19