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(City/State/Zip/Phone #)

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 9, 2019

ALEXANDRE RIBEIRO
500 NW 2ND AVENUE, STE 10065
MIAMI, FL 33130

SUBJECT: PW VACATION INDIANAPOLIS LLC
Ref. Number: W19000045638

We have received your document for PW VACATION INDIANAPOLIS 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 document is illegible and not acceptable for imaging.

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: 919A00009395

RECEIVED
MAY 31 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PW Vacation Indianapolis 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:

Alexandre Ribeiro

Name of Person

PWR HOMES LLC

Firm/Company

500 NW 2nd Ave Suite #10065

Address

Miami	Florida	33130
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City/State and Zip Code

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

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

For further information concerning this matter, please call:

Alexandre Kulik

Name of Contact Person

at (305) 433-8505

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:

- ☐
- \$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

2019年12月31日

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. PW Vacation Indianapolis 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. 83-4125134
(FID 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. 108 West 13th Street
(Street Address of Principal Office)
Wilmington Delaware
19801

6. 500 NW 2nd Ave Suite #
(Mailing Address)
10065 Miami Florida 33101

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

Name: Alexandre Ribeiro

Office Address: 92 SW 3rd Street Apt #

5212 Miami
(City)

Florida 33130
(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.

[Signature]
(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:

Manager

Bruno Ribeiro

6202 Disney Terrace
Coconut Creek FL 33073

(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]

Signature of an authorized person

Alexandre Ribeiro

Typed or printed name of signer

Delaware

The First State

APPROVED AND FILED
CONNIE LAWSON
INDIANA SECRETARY OF STATE
04/05/2019 04:02 PM

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "PW VACATION INDIANAPOLIS 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 FIFTH DAY OF APRIL, A.D. 2019.

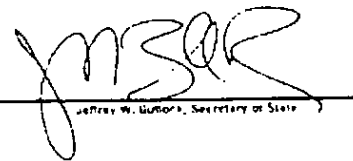
AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN
ASSESSED TO DATE.



7321835 8300

SR# 20192586421

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


Jeffrey W. Bullock, Secretary of State

Authentication: 202586711

Date: 04-05-19