



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 23, 2019

WILLIAM VASQUEZ
8810 COMMODITY CIRCLE, STE 27
ORLANDO, FL 32819

SUBJECT: VASQUEZ LAW FIRM, PLLC
Ref. Number: W19000046937

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

You failed to make the correction(s) requested in our previous letter.

On the alternate name line, place the name exactly how it is on the certificate of existence, along with a limited liability company suffix

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: 219A00010505

RECEIVED
JUN 03 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 13, 2019

WILLIAM VASQUEZ
8810 COMMODITY CIRCLE, STE 27
ORLANDO, FL 32819

SUBJECT: VASQUEZ LAW FIRM, PLLC
Ref. Number: W19000046937

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

Florida law does not provide for the recognition of a foreign professional limited liability company. An acceptable limited liability company suffix will need to be added to your entity name for this Department to accept and file your document.

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.

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Brooke N Kinsey
Regulatory Specialist II

Letter Number: 219A00009623

RECEIVED
MAY 22 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Vasquez Law Firm, PLLC
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:

William Vasquez
Name of Person

Vasquez Law Firm PLLC
Firm/Company

8810 Commodity Circle Suite 27
Address

Orlando FL 32819
City/State and Zip Code

orlando@vasquezlawfirm.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lilly Vasquez at (407) 955-5000
Name of Contact Person 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

999 JUN 20 01 41 56

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. Vasquez Law Firm, PLLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.")

Vasquez Law Firm PLLC, 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. Vasquez Law Firm PLLC
(Jurisdiction under the law of which foreign limited liability company is organized)

3. EIN# 45-3540967
(FEI number, if applicable)

4. 3/6/19 (FIRST DATE Retained for research and response only)
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 8810 commodity circle
(Street Address of Principal Office)

6. Same of above
(Mailing Address)

Suite #27 ←
Orlando fl. 32819

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

Name: Lilivette Vasquez

Office Address: 8810 Commodity Circle Suite 27
Orlando, Florida 32819
(City) (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.

Lilivette Vasquez
(Registered agent's signature)

9541 11:55

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]:

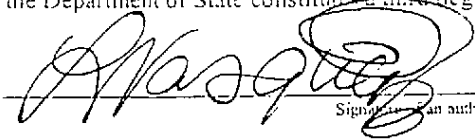
<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>William J. Vasquez</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>8810 Commodity Blvd</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Suite 27 Orlando FL 32819</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Lilivette Vasquez</u>	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>8810 Commodity Blvd</u>	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	<u>Suite 27 Orlando FL 32819</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

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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
Lilivette Vasquez

Typed or printed name of signer



NORTH CAROLINA

Department of the Secretary of State

CERTIFICATE OF EXISTENCE (PROFESSIONAL LIMITED LIABILITY COMPANY)

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

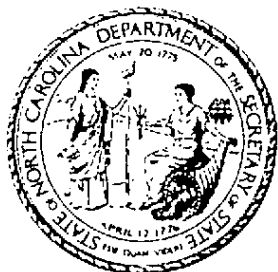
VASQUEZ LAW FIRM, PLLC

is a professional limited liability company duly formed under the laws of the State of North Carolina, having been formed on 14th day of October, 2011.

I FURTHER certify that, as of the date of this certificate, (i) the said professional limited liability company is not dissolved under the terms of its articles of organization, (ii) the said professional limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina, (iii) that said professional limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act, (iv) that this office has not filed any decree of judicial dissolution, articles of dissolution, articles of merger, or articles of conversion for said limited liability company.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 28th day of May, 2019.

Elaine F. Marshall



Scan to verify online.