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TQ: Registration Section
Division of Corporations

ROYAS PROPERTY SOLUTIONS, 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:

Roberto San Martin Jr.	
Name of Person	
ROYAS PROPERTY SOLUTION	ONS, LLC
Firm/Company	
12610 NW 11th PI	
Address	
Sunrise, FL 33323	
City/State and Zip Code	
info@RoyasPropertySolutions.	com
E-mail address: (to be used for future annual repo	
·	
•	
•	262-5485 E
Roberto San Martin Jr. at (786 Area Code)	Daytime Telephone Number
Roberto San Martin Jr. at (786) Name of Contact Person Area Code MAILING ADDRESS: STI	Daytime Telephone Number C
Roberto San Martin Jr. Name of Contact Person MAILING ADDRESS: Division of Corporations Area Code STI	Daytime Telephone Number CREET ADDRESS: ision of Corporations
Roberto San Martin Jr. Name of Contact Person MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Roberto San Martin Jr. Area Code Area Code STI	Daytime Telephone Number CREET ADDRESS: (1) ision of Corporations
Name of Contact Person Area Code MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 Area Code STI Area Code	Daytime Telephone Number REET ADDRESS: ision of Corporations istration Section ton Building 1 Executive Center Circle
Roberto San Martin Jr. Name of Contact Person MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 C102 786 Area Code STI Area Code C101 Area Code C101 Area Code	Daytime Telephone Number REET ADDRESS: ision of Corporations istration Section ton Building
Roberto San Martin Jr. Name of Contact Person MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 Enclosed is a check for the following amount: 786 Area Code STI Area Code Clift Area Code Area Code STI Area Code Area Code Tall	Daytime Telephone Number REET ADDRESS: ision of Corporations istration Section ton Building 1 Executive Center Circle
Roberto San Martin Jr. Name of Contact Person MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE	Daytime Telephone Number REET ADDRESS: ision of Corporations istration Section ton Building 1 Executive Center Circle
Roberto San Martin Jr. Name of Contact Person MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 Enclosed is a check for the following amount: 786 Area Code STI Area Code Clift Area Code Area Code STI Area Code Area Code Tall	Daytime Telephone Number REET ADDRESS: ision of Corporations istration Section ton Building 1 Executive Center Circle ahassee, FL 32301

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLANCE 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:

	name adopted for the purpose of transacting business in Florida. The a	dternate name must include "Limited Liability C	Company," "L.L.C," or "l	LLC.")	
Nevada					
(Junsdiction under the law of v	hich foreign limited liability company is organized)	(Fill number, if a	applicable)	_	
	(Date first transacted business in Florida, if prior to registration (See sections 605,0904 & 605,0905, F.S. to determine penalty	n.) - liability)	_		
12610 NV	/ 11th Pl	12610 NW 11t	h Pl		
(Street Address of		(Mailing Address)	·	_	
Sunrise, FL 33323		Sunrise, FL 33	Sunrise, FL 33323		
			2019		
Name and <u>street addre</u> Name:	Registered Agents In	IC.	2019 JUL 15 PH 1		
	· · · · · ·	IC.	2019 JUL 15 PH 4: 25		
Name:	Registered Agents In 7901 4th St N STE 3	00	15 PH 4:		
Name:	Registered Agents In	IC.	15 PH 4:		

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: Title or Capacity: Name and Address: Name: _Roberto San Martin Jr. Name: Yasmin Marisela San Martin ✓ Manager ✓ Manager Address: 12610 NW 11th PI Address: 2610 NW 11th PI Member Member 1 Sunrise, FL 33323 Sunrise, FL 33323 Authorized Authorized Person Person _]Other_ Other____ _Other_ Other___ Manager Manager Name: _____ Member Address: _____ ☐ Member Address: ___ Authorized Authorized Person Person Other_ Other___ Other Manager Name: Manager Name: Member Address: ____ Member Address: _ __Authorized Authorized Person Person Other Other Other Other___ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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

Typed or printed name of signee

Roberto San Martin Jr.

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **ROYAS PROPERTY SOLUTIONS**, LLC, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since June 20, 2019, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on July 5, 2019.

Barbara K. Cegavske
Secretary of State

Electronic Certificate

Certificate Number: C20190705-0731