

TM19000008759

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

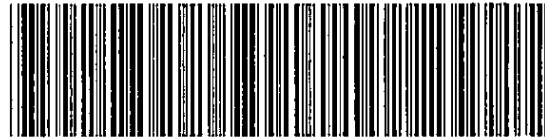
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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2019 SEP 11 PM 4:21

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JAMES A. HARRIS, JR.  
CLERK OF THE COURT  
JAMES A. HARRIS, JR.

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Pauline's Garten  
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:

Vivian C. Paulino  
Name of Person

Firm/Company

2727 W. Oak Ridge rd apt 12-2  
Address

Orlando, FL 32809  
City/State and Zip Code

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

For further information concerning this matter, please call:

Vivian C. Paulino at 407, 446-7056  
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

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. Pauline's Garden 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. Dominican Republic  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. \_\_\_\_\_  
(FEI 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. Monte 51 cascos 1-4  
(Street Address of Principal Office)

Pueblo Bavarro  
Bavaro, Higüey  
Dominican Republic

6. 2727 W. Oak Ridge  
(Mailing Address)  
rd. apt. 2-2  
Orlando, FL 32809

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

Name: Vivian C. Paulino

Office Address: 2727 W. Oak Ridge rd. apt 2-2  
Orlando, Florida 32809  
(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.

[Signature]  
(Registered agent's signature)

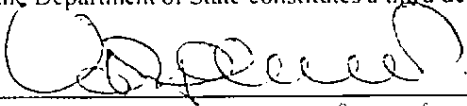
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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:	Vivian Paulino		<input type="checkbox"/> Manager	Name:	Marilyn R. Balla	
<input type="checkbox"/> Member	Address:	2727 W. Oak Ridge		<input checked="" type="checkbox"/> Member	Address:	2727 W. Oak Ridge	
<input type="checkbox"/> Authorized Person		rd. Apt. 2-2		<input checked="" type="checkbox"/> Authorized Person		rd. Apt. 2-2	
		Orlando, FL 32809				Orlando, FL 32809	
<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 Person				<input type="checkbox"/> Authorized Person			
<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 Person				<input type="checkbox"/> Authorized Person			
<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 Person				<input type="checkbox"/> Authorized Person			
<input type="checkbox"/> Other				<input type="checkbox"/> 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  
Vivian C. Paulino-Balla  
\_\_\_\_\_  
Typed or printed name of signer

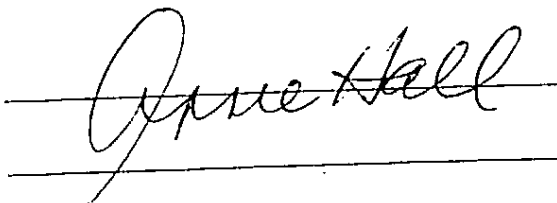
I, Vivian C. Paulino hereby certify that the translation of the document in the Spanish language is a complete and accurate translation of the original document, and that I am competent in both the English and Spanish languages.

Signature: 

Date: 9/11/19

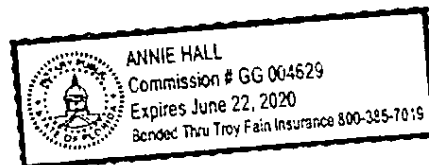
STATE OF FLORIDA  
COUNTY OF Leon

The foregoing instrument was acknowledged before me this 11 day of Sept, 2019 by  
Vivian C. Paulino



FILED  
2019 SEP 11 PM 4:21  
CLERK OF CIRCUIT COURT  
LEON COUNTY, FLORIDA

Personally Known \_\_\_\_\_ OR Produced Identification Driver License  
Type of Identification Produced





Dominican Republic

Ministry of Industry and Commerce and Mines

National Office of the Industrial Property

National Direction of Distinctive Signs

Certification of Renovation of the Registration of a Denominative Mark

2019 SEP 11 PM 4:21  
ALFONSO SANCHEZ TORRES

PAULINE'S GARTEN

Owner: VIVIAN CRISTINA PAULINO BALLARTS

ADDRESS: CALLE MANZANA 43 n0. 1

PUEBLO BAVARO, BAVARO LA ALTAGRACIA PROVINCE

DOMINICAN REPUBLIC

REGISTRANT # 271903

Date of Permission: 05/12/2009

Date of Renovation: 05/13/2019

Expiring Date: 05/12/2029

Number of Document: 2009-10319

Date requested: 05/07/2009

Priorities:

International Classes:

Products or Services: EDUCATION, DAY CARE, HOMEWORK CLASSES, COUNSELING ANY

ACTIVITY RELATED OR NO RELATED WITH THE SERVICES DESCRIBED ABOVE.

IN VIRTUE OF THE ARTICLES 82 AND 83 OF THE LAW NUMBER 20-00 ABOUT INDUSTRIAL  
PROPERTY OF THE DATE OF MAY 8TH, 2000 AND THE ARTICLE 13TH OF THE TREATY OF RIGHTS  
TO A MARC DATED OCTOBER 27TH, 1994 WE GIVE THIS CERTIFICATION THODAY 05-24-2019

LIC. MICHELLE MARIE GUZMAN SONE

DIRECTOR OF DISTINCTIVES SIGNS DEPARTMENT

315675

2019 SEP 11 PM 4:21  
REGISTERED



REPÚBLICA DOMINICANA

Ministerio de Industria, Comercio y Mipymes

OFICINA NACIONAL DE LA PROPIEDAD INDUSTRIAL

DIRECCIÓN DE SIGNOS DISTINTIVOS  
CERTIFICACIÓN RENOVACIÓN DE REGISTRO DE MARCA DENOMINATIVA

PAULINE'S GARTEN

(730) Titular:

VIVIAN CRISTINA PAULINO BALLARTS

Dirección:

CALLE MANZANA 43 NO. 1,  
PUEBLO BAVARO, BAVARO, PROV. LA  
ALTAGRACIA, REPÚBLICA DOMINICANA

2019 SEP 11 PM 4: 21

(111) Núm. de Registro:

271903

(151) Fecha de Concesión:

12/05/2009

(156) Fecha de Renovación:

13/05/2019

(141) Fecha de Vencimiento:

12/05/2029

(210) Núm. de Solicitud:

2009-10319

(220) Fecha de Solicitud:

07/05/2009

(330/310/320) Prioridad(es) Reivindicada(s):

(511) Clase(s) Internacional (es):

Producto(s) y/o Servicio(s):

CUIDADO DE NIÑOS, EDUCACIÓN, DEPORTES, SALA DE TAREAS, CONSULTORÍA O CUALQUIER ACTIVIDAD RELACIONADA O NO CON LOS SERVICIOS ANTES DESCRITOS.

(526) Renuncia:

En virtud de lo que establecen los Artículos 82 y 83 de la Ley número 20-00 sobre Propiedad Industrial de fecha 8 de mayo del año 2000 y el Artículo 13 del Tratado de Derecho de Marcas de fecha 27 de octubre de 1994, se emite la presente Certificación, hoy día 24/05/2019.

Lic. Michèle Marie Grizman, Soto  
Directora Departamento Signos Distintivos

USUARIO RV



315675