## MP000009239

(Requ	uestor's Name)	<del></del>			
(Addr	ess)				
(Addr	ess)				
(City/	State/Zip/Phor	ne #)			
PICK-UP	☐ WAIT	MAIL			
(Busi	ness Entity Na	me)			
(Document Number)					
Certified Copies	Certificate	es of Status			
Special Instructions to Filing Officer:					

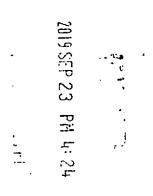
Office Use Only



500332899065

09/27/19--01004: +072 \*\*125.00

RECEIVED AUG 2 6 2019



OXINSE<sup>T</sup> THE



## FLORIDA DEPARTMENT OF STATE Division of Corporations

August 29, 2019

NAEMAR BEITRAN 2986 SHIPPING AVE MIAMI, FL 33133

SUBJECT: MERKAFUR LLC Ref. Number: W19000079984

We have received your document for MERKAFUR 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) 245-6051.

Brooke N Kinsey Regulatory Specialist II

Letter Number: 319A00017955

RECEIVED SEP 2 3 2019

## COVER LETTER

Registration Section Division of Corporations

TQ:

SUBJECT: MERKAFUR LLC	
Name of Limited Liability Company •	
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Busine Existence, and check are submitted to register the above referenced foreign limited liability company to	ess in Florida," Certificate of transact business in Florida
Please return all correspondence concerning this matter to the following:	
Marmar Beitran / JOSE NAP	047A-NO
TRUE VISION SERVICES CORP	
Firm/Company	
2986 SHIPPING AV, MIAMI FC 33133	
Address	
MIQMI FL 33133	
City/State and Zip Code	
admin@TrueyIsion us	201
E-mail address: (to be used for future annual report notification)	9 SE
For further information concerning this matter, please call:	2019 SEP 23
Name of Contact Person at (305) S88 053  Name of Contact Person Area Code Daytime Telepho	
Name of Contact Person Area Code Daytime Telepho	one Number
MAILING ADDRESS: STREET ADDRESS Division of Corporations Division of Corporations	
Registration Section Registration Section	
P.O. Box 6327 Clifton Building Tallahassee, Fl. 32314 2661 Executive Center Tallahassee, Fl. 3230	
	) Filing Fee, Certificate & 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:

. MED	VAFOD 116.				
1. Name of Foreign	KAFUR LLC Lamited Liability Company, must include "L	muted Liability Company," "Lif	C.," a: "LLC.")		=
	ing adopted for the putpose of transacting pusiness	on Clarest . The obtained in name of the Co	schole "Lumped Lumbits	Company ""L.L.C." or "LI	
		an ribring the ancrease make most a			
(Jurisdiction under the law of wh	nich toreign limited liability company is organized)	_	(FEI number, st	applicable)	_
J	03/23/19		_		
·	(Date first transacted business in Florida, if pr (See sections 605 1906; £ 605 19905; F S to d	ior to registration ( etermine penalty liability)		— K	
5. 10939 Nu	7 73eD ST	6. <u>2986</u>	Shippin (Mailing Address)	g HV,	_
ODO A1 = 1	33179.	Miami	#1 331	33	
					_
7. Name and street address	s of Florida registered agent: (P.O.				
Name:	JOSE NAPOUTA	NO			
Office Address:	2986 SHIPPING	m			
	LI AMI (City)		da 33133	3	
			(Zip code)	<del></del>	
Registered agent's accep Having been named as re	gistered agent and to accept service	of process for the above	stated limited lia	bility company at t	he place
designated in this applica	tion. I hereby accept the appointme ions of all statutes relative to the pr	ent as registered agent an	d agree to act in a	this capacity, Usur	ther agre
to comply with the provisi and accept the obligation:	ions of an statutes retailed to the pros of my position as registered agapt	opprana comprese perjor	munce of my and	S	23
•	1 Tolera	polar		母	· L
	(Registered a	germ vignature)	·-	<del>-</del> 23	,
	acity and address of the person(s) wh	no has/have authority to m	anage is/are:	P	
Title or Capacity:	Name and Address:	Title or Capaci	<u>ity:</u>	Name and Address	
NANA GING	FARES TAW 10932 NW 138			2	
NEMBER	ST, DORAL FL		-		
	33178.				
			_ <del></del>		
		<del></del>	-		·
(Use attachments if neces	sary)				
<ol> <li>Attached is a certificate jurisdiction under the law of the translator must be s</li> </ol>	of existence, no more than 90 days of which it is organized. (If the certi ubmitted)	old, duly authenticated by ficate is in a foreign langu	the official havir lage, a translation	ng custody of record of the certificate un	ls in the nder oath
10. This document is exec submitted in a document to	uted in accordance with section 605 of the Department of State cynstitutes	.0203 (11- <del>(br. Ploc</del> ida State s a third degree felony as p	ates. I am aware throvided for in s.8	hat any false inform 17.155, F.S.	ation
		change of an authorized person		<del>_</del>	
	-fase NA				
	JUSE NA	HOUTHNO			

Typed or printed name of signer



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "MERKAFUR 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 SEVENTEENTH DAY OF SEPTEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MERKAFUR LLC"

WAS FORMED ON THE FIRST DAY OF AUGUST, A.D. 2019.

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



7542521 8300 SR# 20197079061 Authentication: 203612499

Date: 09-17-19