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## **COVER LETTER**

TO:	Registration Section Division of Corporati	ons				
SUBJE	IES GROUP LLC					
		Name	of Limited Liability (	Company		
		oreign Limited Liability Co ted to register the above rel				
Please r	eturn all correspondence	concerning this matter to t	the following:			
	VINCE MON	GIO, CPA				
			Name of Person			
	MONGIO AT	ND ASSOCIATES LLC				
			Firm/Company		72.0	
	1100 S MIAN	MI AVE, #4205			ZUIS SET	-::
			Address			1
	MIAMI, FL,	33130			19 PH 4: 18	
		_	y/State and Zip Code		See 1	Name of the second
	VINCE.MONO	GIO@MONGIOANDASSO			25 DE 0	
<b></b>		E-mail address: (to be u	ised for future annual	report notificatio	n)	
For furt	her information concern	ing this matter, please call:				
	VINCE MONGIO		954 at (	304 5437 _)		
	Name	of Contact Person	Area Code	Daytime To	elephone Number	
	MAILING ADDRESS Division of Corporatio Registration Section P.O. Box 6327 Tallahassee, FL 32314	ns		STREET ADDI Division of Corp Registration Sec Clifton Building 2661 Executive Tallahassee, FL	porations etion ( Center Circle	
Enclose	d is a check for the follo ■ \$125.00 Filing Fee	owing amount:  S130.00 Filing Fee & Certificate of Status	© \$155.00 Filin Certified Copy		60.00 Filing Fee, Ce atus & Certified Cop	

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

			.")
name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Flo	orida. The alternate name must include "Limited I	Liability Company," "L.L.C," or "LLC")
STATE OF DELAWAR		3. 82-2160072	
(Jurisdiction under the law of w	nich foreign limited liability company is organized)	(FEI ni	unber, if applicable)
N/A			
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determ	registration )	
18201 Collins Ave. Ap		19201 Colling Ave. April	3404 =
(Street Address of F		6. Mailing A	
Sunny Isles Beach, FL	33160	Sunny Isles Beach, FL 3:	3160 F
			701. 10
			G-1 - 111
Name and street addres	ss of Florida registered agent: (P.O. Box	x NOT acceptable)	
	ISMAEL SIDI		L'0' F.
Name:	ISMAEL SIDI	<del> </del>	PH F-18
Office Address:	18201 Collins Ave, Apt 3404		P P
	SUNNYISLES BEACH	33160	
	(Civ)	, Florida 33160	
		C/A	
	(Registered after)'s	signature)	
. The name, title or capa	acity and address of the person(s) who ha	as/have authority to manage is/are	:
Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
MGR	ISMAEL SIDI		
<u> </u>	18201 COLLINS AVE, APT		· · · · · · · · · · · · · · · · · · ·
	SUNNY ISLES BEACH, FL 33160	<u>.                                    </u>	<u></u>
	20.00		
· · · · · · · · · · · · · · · · · · ·		<del>-</del>	
		<del>-</del> -	
Jse attachments if neces.	sary)		
Use attachments if neces.	sary)		
Attached is a certificate	of existence, no more than 90 days old,	duly authenticated by the official	having custody of records in
risdiction under the law	of which it is organized. (If the certificat		
	ıbmitted)		
the translator must be si			
	ited in accordance with section 605 020	3 (1) (b) Florida Statutes Laman	are that any false information
). This document is exec	uted in accordance with section 605.020 the Department of State constitutes a th		
). This document is exec	the Department of State constitutes a th	ird degree felony as provided for i	
). This document is exec	the Department of State constitutes a th	ird degree felony as provided for i	
	the Department of State constitutes a th		

Typed or printed name of signee

## Delaware

The First State

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

DELAWARE, DO HEREBY CERTIFY "IES GROUP 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 TWENTY-NINTH DAY OF AUGUST, A.D. 2019.

2019 SEP 19 PH 4: 18
SECRETARY OF STATE

6475140, 8300

SR# 20196743624

you may verify this certificate online at corp. delaware gov/authver antmi



Authentication: 203500810

Date: 08-39-19