

MP000010196

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

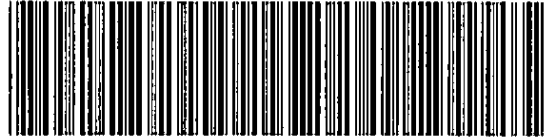
(Business Entity Name)

(Document Number)

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

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D. BRUCE  
OCT 22 2019

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: THINKRIGHT SYSTEMS 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:

CLIVEL CHRISTIAN

Name of Person

Firm/Company

5600 COLLINS AVE PH C

Address

MIAMI BEACH, FL 33140

City/State and Zip Code

corpclivelchristian@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CLIVEL CHRISTIAN

786

603-7508

at ( )

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:

☒ \$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

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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. THINKRIGHT SYSTEMS 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. HAWAII 3. 84-3106482  
(Jurisdiction under the law of which foreign limited liability company is organized) (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. \_\_\_\_\_ 6. \_\_\_\_\_  
(Street Address of Principal Office) (Mailing Address)  
5600 COLLINS AVE PH C 5600 COLLINS AVE PH C  
MIAMI BEACH, FL 33140 MIAMI BEACH, FL 33140

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

Name: CLIVEL CHRISTIAN

Office Address: 5600 COLLINS AVE PH C

MIAMI BEACH, Florida 33140  
(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.*

\_\_\_\_\_  
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>MGR</u>	<u>CLIVEL CHRISTIA</u>		
	<u>5600 COLLINS AVE PH C</u>		
	<u>MIAMI BEACH FL 33140</u>		

(Use attachments if necessary)

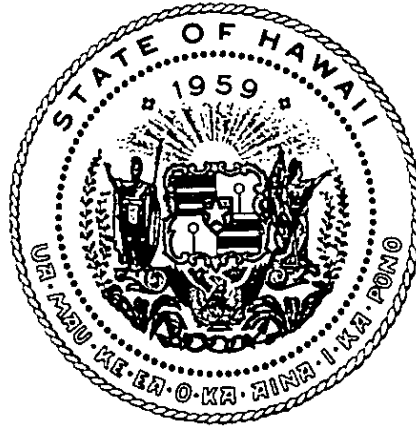
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must 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)

CLIVEL CHRISTIAN

\_\_\_\_\_  
(Typed or printed name of signer)



## Department of Commerce and Consumer Affairs

### CERTIFICATE OF GOOD STANDING

I, the undersigned Director of Commerce and Consumer Affairs of the State of Hawaii, do hereby certify that according to the records of this Department,

THINKRIGHT SYSTEMS LLC

was organized under the laws of the State of Hawaii on 08/30/2018 ;  
that it is an existing limited liability company in good standing  
and is duly authorized to transact business.



IN WITNESS WHEREOF, I have hereunto set  
my hand and affixed the seal of the  
Department of Commerce and Consumer  
Affairs, at Honolulu, Hawaii.

Dated: September 09, 2019

Director of Commerce and Consumer Affairs