

M190000010798

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

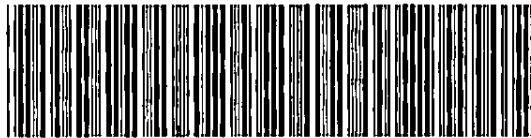
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:
date 2018
trans,
cert
W19-87114
Rec'd
10-29

Office Use Only



900334313639

09/16/19--01018--025 **130.00

10/31/19--01023--001 **848.75

2019 OCT 29 PM 5:36

RECEIVED
FEB 11 2020

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NOV 07 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 26, 2019

ISABELLA RIVERA
15901 COLLINS AVE #1504
NORTH MIAMI BEACH, FL 33160

SUBJECT: SM & SE LLC
Ref. Number: W19000087114

We have received your document for SM & SE LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$638.75.

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: 119A00019957

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DIVISION OF CORPORATIONS
OCT 29 2019

Marinett Aranguren/Counting Upward LLC

FEIN:32-0518128

350 E Dr., North Miami Beach Fl.,33162

Ph.: (786)7079049

To: Florida Department of State

Division of Corporation.

Brooke N Kinsey-Regulatory Specialist II

RE: SM & SE LLC Ref. Number: W19000087114

In compliance with Foreign Business Registration Florida Statutes, please find attached,

- 1) \$648,75 Money Order.
- 2) October/2019 SM & SE LLC Certificate of existence.

I hereby certify that, to the best of my knowledge, the provided information is true and accurate. Thank you for the opportunity to correct the deficiency, Please, your also welcome to contact me for any additional information you request as well as final resolution.

Sincerely,

Marinett Aranguren A.

2019 OCT 29 PM 3:03

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FIDELITY
BANK

2019 OCT 29 PM 3:18

COVER LETTER

TO: Registration Section
Division of Corporations

SM & SE LLC

SUBJECT: _____
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:

ISABELLA SOTO RIVERA

Name of Person

TOT A PORTER

Firm/Company

15901 COLLINS AVE #1504

Address

N. MIAMI BEACH, FL 33160

City/State and Zip Code

ISABELLA@TOTAPORTER.COM

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

For further information concerning this matter, please call:

ISABELLA SOTO RIVERA

305

7669158

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:

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

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FILED
OCT 29 2019
TALLAHASSEE, FL

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:

SM & SE LLC

1. _____
(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.")

DELAWARE

82-1824049

2. _____ 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

JANUARY 17, 2018

4. _____
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

15901 COLLINS AVE

15901 COLLINS AVE

5. _____ 6. _____
(Street Address of Principal Office) (Mailing Address)

#1504

#1504

N. MIAMI BEACH, FL

N. MIAMI BEACH, FL

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

Name: COUNTING UPWARD LLC

Office Address: 350 E DR.

N. MIAMI BEACH 33162
_____, Florida _____
(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)

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FILED

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:**
☒ Manager Name: ISABELLA SOTO RIVERA
☒ Member Address: 15901 COLLINS AVE
#1504
☐ Authorized
Person N. MIAMI BEACH, FL 33160
☐ Other ☐ Other

☐ Manager Name: ADRIANA SOTO-RIVERA
☒ Member Address: 15901 COLLINS AVE
#1504
☐ Authorized
Person N. MIAMI BEACH, FL 33160
☐ Other ☐ Other

☐ Manager Name: COUNTING UPWARD LLC
☐ Member Address: 350 E DR.
☐ Authorized
Person N. MIAMI BEACH, FL 33162
☐ Other ☒ Other REGISTERED A

Title or Capacity: **Name and Address:**
☐ Manager Name: HILDA MACHADO DE SOTO-F
☒ Member Address: 15901 COLLINS AVE
#1504
☐ Authorized
Person N. MIAMI BEACH, FL 33160
☐ Other ☐ Other

☐ Manager Name: ISABEL SANCHEZ
☒ Member Address: 15901 COLLINS AVE
#1504
☐ Authorized
Person N. MIAMI BEACH, FL 33160
☐ Other ☐ Other

☐ Manager Name:
☐ Member Address:
☐ Authorized
Person
☐ Other ☐ 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.

Isabella Soto Rivera

Signature of an authorized person

ISABELLA SOTO RIVERA

Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SM & SE 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 SIXTEENTH DAY OF OCTOBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SM & SE LLC" WAS FORMED ON THE EIGHTH DAY OF MAY, A.D. 2017.

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

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6404638 8300

SR# 20197499569

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 203805839

Date: 10-16-19