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**DATE: 11-21-19**

**NAME: ESTRELLO DEL NORTE, LLC**

**TYPE OF FILING: APPLICATION FOR AUTHORITY**

**COST: 130.00**

**RETURN: CERTIFIED COPY PLEASE**

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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**

*Abbie Hodge*

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COVER LETTER

Registration Section  
Division of Corporations

ESTRELLA DEL NORTE, LLC  
Name of Limited Liability Company

Enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of  
of Incorporation, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Return all correspondence concerning this matter to the following:

Ernesto Aldover  
Name of Person  
Retz & Aldover, LLP  
Firm/Company  
2550 Via Tejon, Suite 3A  
Address  
Palos Verdes Estates CA 90274  
City/State and Zip Code  
ernesto@arealestatelawfirm.com  
E-mail address: (to be used for future annual report notification)

2019/07/21 PM 4:51

For further information concerning this matter, please call:

Ernesto Aldover at (310) 316-4899  
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

**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. Estrello Del Norte, 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. California  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. \_\_\_\_\_  
(PEI 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. 1256 Via Romero  
(Street Address of Principal Office)  
Palos Verdes Estates CA 90274

6. 1256 Via Romero  
(Mailing Address)  
Palos Verdes Estates CA 90274

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


Name: First Corporate Solutions, Inc.

Office Address: 155 Office Plaza Drive

155 Office Plaza Drive Tallahassee, Florida 32301  
(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)

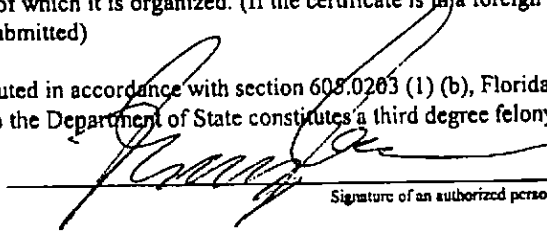
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>Manager</u>	<u>Keith Ross</u> <u>1256 Via Romero</u> <u>Palos Verdes Estates, CA 90274</u>	<u>Manager</u>	<u>Nancy Ross</u> <u>1256 Via Romero</u> <u>Palos Verdes Estates, CA 90274</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  
Keith Ross  
Typed or printed name of signer

**State of California**  
**Secretary of State**

**CERTIFICATE OF STATUS**

ENTITY NAME: ESTRELLO DEL NORTE, LLC

FILE NUMBER: 201930410270  
FORMATION DATE: 10/31/2019  
TYPE: DOMESTIC LIMITED LIABILITY COMPANY  
JURISDICTION: CALIFORNIA  
STATUS: ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California,  
hereby certify:

The records of this office indicate the entity is authorized to  
exercise all of its powers, rights and privileges in the State of  
California.

No information is available from this office regarding the financial  
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this  
certificate and affix the Great Seal  
of the State of California this day of  
November 19, 2019.

ALEX PADILLA  
Secretary of State