# 11900055

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates of St	tatus			
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00147					

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FILED
2019 NOV 26 PM 2: 13





October 26, 2019

ż.,

DIEGO V. CABRERA P.O. BOX 171085 HIALEAH, FL 33017

SUBJECT: ONE WHEEL WAGON, LLC

Ref. Number: W19000094933

We have received your document for ONE WHEEL WAGON, 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.

Yvette Scott Document Specialist II

> RECEIVED NOV 2 6 2019

Letter Number: 719A00022113

## COVER LETTER

Registration Section

TO:

Division	of Corporation	18				
SUBJECT:	ONE	WHEEL	WAGON ,	LLC y Company	· · · · · · · · · · · · · · · · · · ·	
The enclosed "App Existence, and che	olication by For ck are submitte	reign Limited Liabii d to register the abo	ity Company for Authori we referenced foreign lir	zation to Transact Busi nited liability company	ness in Florida," Co to transact business	ertificate of in Florida.
Please return all co	orrespondence c	concerning this matt	er to the following:			
_		DIEGO	V. CABR	ERA		
_			Name of Person			
					20191 TĂL	
_			Firm/Company		2 0	
		ρ. σ	D. BOX	71085	26 ASSE	T-
-			Address	·_, <b>t</b>	7	
-		)+1 A	TEAH F1 City/State and Zip Coc	33017	MOV 26 PH 2: 13	TILED
			City/State and Zip Coc	le	D	
		DIEGO	CABRERASIO be used for future annu	YAHOO, COM		
		E-mail address: (to	be used for future annu	al report notification)	<del></del>	
For further informa	tion concerning	g this matter, please	call:			
JORG	E MEN Name o	ENDEZ, CA	Area Cod	96/-//c	hone Number	
MAILING Division o Registratio P.O. Box	G ADDRESS: of Corporations on Section			STREET ADDRES Division of Corporat Registration Section Clifton Building 2661 Executive Cent Tallahassee, FL 3236	<u>S:</u> tions ter Circle	
Please ma	s a check for th ke check payab 00 Filing Fee	□ \$130.00 Fil::	EPARTMENT OF STA	0 Filing Fee & 🔲 :	\$160.00 Filing Fee.	
		Cermica	icorolatus cent	fied Copy o	of Status & Certific	а Сору

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

	ITON 605.0902, FLORIDA STATUTES, THE FOL SINESS IN THE STATE OF FLORIDA:	LOWING IS	SUBMITTED TO REGISTER	A FOREIGN LIMITED LIABILITY
ı. <u>6</u>	NE WHEEL WASO Limited Liability Company: must include "Limited	N, L	_ L C_	
(Name of Foreign)	Limited Liability Company; must include "Limited	Liability Con	pany," "L.L.C ," or "LLC.")	
(It name unavailable, enter alternate na	me adopted for the purpose of transacting business in Floric	la. The alternate	name must include "Limited Liabilit	v Company," "U.L.C," or "LI C.")
2. UTAH	uch foreign limited liability company is organized)	3.	name must include "Limited Liability  84-257  (FEI number,	1036
(Jurisdiction under the law of wh	ich fereign limited liability company is organized)		(FEI number,	Cappticable
4. BUSINES	(Date first transacted business in Florida, it prior to re (See sections 605 6904 & 605 1905, F.S. to determine	ED		LEE L
	Objective first transacted business in Florida, if prior to rej (See sections 605 0904 & 605 0905, F.S. to determine	pistration.) penalty hability	1	D PH 2
5. 90 VEIL CORF	PORATE LLC Interpal Office)	6	O. O. BOX	10元
1167 NORTH 1	200 WEST STE 300		It AVEAH.	FL 33017
OREM,	UT 84057			
7. Name and street address	s of Florida registered agent: (P.O. Box)	NOT_accep	table)	
Name:	JORGE MENENDEZ,	CPA	_	
Office Address:	3901 NW 79 AVE #	220	_	
	DORAL (City)		_ , Florida <u>33166</u> (Zip code)	
designated in this applicat to comply with the provision	ance: eistered agent and to accept service of price ion, I hereby accept the appointment as toons of all statutes relative to the proper a of my position as registered agent.  (Registered agent's see the proper agent)	registered a	igent and agree to act in	this capacity. I further agree

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]: Name and Address: Title or Capacity: Title or Capacity: Name and Address: Name: DIEGO V CABRERA Manager . Manager Manager Name: Address: POBOX 171085 Member. ☐ Member Address: HIFLEAH FL 33017 Authorized Authorized Person Person Other\_\_\_\_ Other Other\_ Manager Name: \_\_\_\_\_ Manager Name: ■ Member Address: \_\_\_\_\_ Member Address: Authorized Authorized Person Person Other\_\_\_\_ Other\_ Other\_ Other Name: \_\_\_\_\_ Name: Manager | Manager Member Address: Member Address: Authorized Authorized Person Person Other\_ \_\_\_Other\_\_\_\_ Other\_ Other\_\_\_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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. Signature of an authorized person DIEGO V CABRERA

Lyped or printed name of signee



### **Utah Department of Commerce**

Division of Corporations & Commercial Code

160 East 300 South, 2nd Floor, PO Box 146705 Sult Lake City, UT 84114-6705 Service Center: (801) 530-4849 Foll Free: (877) 526-3994 Utah Residents Fox: (801) 530-6438

Web Site: http://www.commerce.utah.gov

11/05/2019 11401545-016011052019-637383

# CERTIFICATE OF EXISTENCE

Registration Number:

**Business Name:** 

Registered Date: Entity Type:

Status:

11401545-0160

ONE WHEEL WAGON, LLC

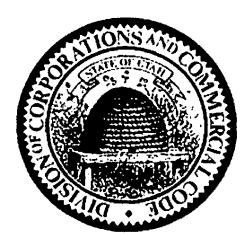
July 31, 2019

LLC - Domestic

Current

2019 NOV 26 PH 2: 13

The Division of Corporations and Commercial Code of the State of Utah, custodian of the records of business registrations, certifies that the business entity on this certificate is authorized to transact business and was duly registered under the laws of the State of Utah. The Division also certifies that this entity has paid all fees and penalties owed to this state; its most recent annual report has been filed by the Division (unless Delinquent); and, that Articles of Dissolution have not been filed.



Sym Stry

Jason Sterzer
Director
Division of Corporations and Commercial Code