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(Requestor's Name)

(Address)

(Address)

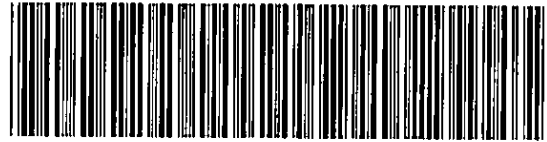
(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____



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Filing Office
M. SOLOMON

JAN 03 2020

M. SOLOMON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: _____ WILJO ENTERPRISES LIMITED _____
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:

NIGEL ANOTHONY WILSON

Name of Person

WILJO ENTERPRISES LIMITED

Firm/Company

7 CHRISTINA GARDENS

Address

ARIMA, TRINIDAD, W.I.

City/State and Zip Code

wiljoenterprisesltd@hotmail.com

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

For further information concerning this matter, please call:

NIGEL ANTHONY WILSON

868

731-7671

Name of Contact Person at (_____) _____
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

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

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. WILJO ENTERPRISES LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLP")

WILJO ENTERPRISES LIMITED LIABILITY COMPANY
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida; the alternate name must include "Foreign Limited Liability Company," "LLC," or "LLP")

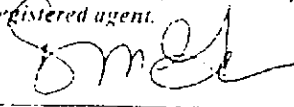
2. TRINIDAD AND TOBAGO
(Jurisdiction under the law of which foreign limited liability company is organized) 3. _____
(FEI number, if applicable)

4. _____
(Place of transacting business in Florida, if not to be registered; see sections 605.004 & 605.005, F.S., to determine penalty liability.)

5. # 7 CHRISTINA GARDENS
(Street Address of Principal Office) 6. 21129 NW 14th PLACE UNIT
(Mailing Address)

AKIMA MIAMI
TRINIDAD, W.I. FLORIDA 33169

7. Name and street address of Florida registered agent. (P.O. Box NOT acceptable)
DARRYL GARIB
Name: _____
Office Address: 21129 NW 14th PLACE UNIT 558
MIAMI Florida 33169
(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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E.D.

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: NIGEL ANTHONY WILSON

Member Address: #7 CHRISTINA GARDENS

Authorized ARIMA,
Person TRINIDAD, W.I.

Other _____ Other _____

Manager Name: LENORE JOHN

Member Address: # CHRISTINA GARDENS

Authorized ARIMA
Person TRINIDAD, W.I.

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____
Person _____

Other _____ Other _____

Title or Capacity: **Name and Address:**

Manager Name: _____

Member Address: _____

Authorized _____
Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____
Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____
Person _____

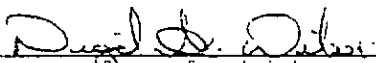
Other _____ Other _____

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 RECEIVED
 COUNTY CLERK
 HILLSBOROUGH COUNTY
 FLORIDA

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.


Signature of an authorized person

NIGEL ANTHONY WILSON
Typed or printed name of signer



REGISTRAR OF COMPANIES

Government Campus Plaza, Cor. London & Richmond Streets,
Port of Spain, Republic of Trinidad and Tobago
Tel: 1-868-223-2452 & Fax: 1-868-226-5140
Website: www.legalaffairs.gov.tt

THE COMPANIES ACT CH 81:01 CERTIFICATE OF GOOD STANDING

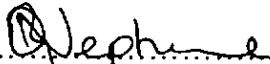
Company No: **C2015031105593**
Company Name: **WILJO ENTERPRISES LIMITED**

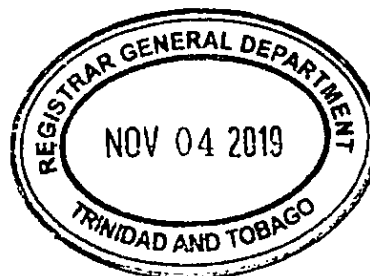
I HEREBY CERTIFY THAT:

1. The above-named Company, whose registered office is situated at 7, **Christina Gardens, Arima**, was incorporated on the 9th day of **March, 2015**, under the provisions of the Companies Act of the Laws of the Republic of Trinidad and Tobago.
2. The name of the Company is still on the Register of Companies at this time.
3. The Company has not submitted to me any articles of merger, consolidation or arrangement that have become effective.
4. No documents have been filed with me relating to the winding-up or dissolution of the Company or the appointment of a receiver or liquidator of any of its assets.
5. No notice has been served by me on the Company of my intention to strike off its name from the Register of Companies.

AND I FURTHER CERTIFY THAT as far as is evidenced by the documents filed the Company has furnished all documents required to be filed with me under the provisions of the Companies Act and is in good standing.

Dated this 4th day of November, 2019.


.....
Assistant Registrar of Companies





FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 24, 2019

NIGEL WILSON
#7 CHRISTINA GARDENS
ARIMA, TRINIDAD, W.I.,

SUBJECT: WILJO ENTERPRISES LLC
Ref. Number: W19000086216

We have received your document for WILJO ENTERPRISES LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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: 019A00019741

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DEC 06 2019