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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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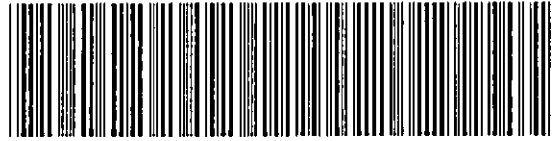
(Business Entity Name)

(Document Number)

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

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M. SOLOMON

LAW OFFICES  
**MICHAEL ORTIZ, P.A.**

1430 SOUTH DIXIE HIGHWAY  
SUITE 321  
CORAL GABLES, FLORIDA 33146

TELEPHONE (305) 665-5270  
FACSIMILE (305) 665-1112  
E-MAIL: lawortiz@aol.com

January 15, 2020

**Via: Hand Delivered**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Re: Application by Foreign Limited Liability Company for  
Authorization to Transact Business in Florida filed by  
Republica LLC  
Client File No.:1157B**

To whom it may concern:

I am enclosing the following documents relating to the above referenced company:

1. Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida filed by Republica LLC, a Delaware limited liability company; and
2. Certificate of Good Standing, issued by the Secretary of State of the State of Delaware, issued on January 13, 2020.

In addition, I have included a Michael Ortiz, P.A. check in the amount of \$125.00 for the processing of this Application.

Very truly yours,

MICHAEL ORTIZ, P.A.



MICHAEL ORTIZ, ESQ.

*New Filings*  
**PAKMAIL** #450  
1563 CAPITAL CIRCLE SE  
TALLAHASSEE, FL 32301  
(850) 309-7225

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Republica 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:

Michael Ortiz, Esq.

\_\_\_\_\_  
Name of Person

Michael Ortiz, P.A.

\_\_\_\_\_  
Firm/Company

1430 South Dixie Highway, Suite 321

\_\_\_\_\_  
Address

Coral Gables, FL 33146

\_\_\_\_\_  
City/State and Zip Code

lawortiz@aol.com

\_\_\_\_\_  
E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Ortiz

305

665-5270

at ( )

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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. Republica LLC  
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.")

Republica 3105 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. Delaware 36-4830229  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. This company has not transacted business in Florida  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

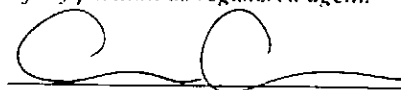
5. 1430 South Dixie Highway, Suite 321 6. 1430 South Dixie Highway, Suite 321  
(Street Address of Principal Office) (Mailing Address)  
Coral Gables, FL 33146 Coral Gables, FL 33146

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

Name: Michael Ortiz, P.A.  
Office Address: 1430 South Dixie Highway, Suite 321  
Coral Gables, Florida 33146  
(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.

 President  
(Registered agent's signature)

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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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Markho Properties S.A.</u>	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>c/o 1430 South Dixie Hwy</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Suite 321</u>	<input type="checkbox"/> Authorized	_____
Person	<u>Coral Gables, FL 33146</u>	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	 Name: <u>Michael Ortiz</u>	 <input type="checkbox"/> Manager	 Name: _____
<input type="checkbox"/> Member	Address: <u>c/o 1430 South Dixie Hwy</u>	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	<u>Suite 321</u>	<input type="checkbox"/> Authorized	_____
Person	<u>Coral Gables, FL 33146</u>	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	 Name: _____	 <input type="checkbox"/> Manager	 Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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.



Signature of an authorized person

Michael Ortiz

Typed or printed name of signee

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "REPUBLICA 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 THIRTEENTH DAY OF JANUARY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "REPUBLICA LLC" WAS FORMED ON THE SECOND DAY OF DECEMBER, A.D. 2015.

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



5895127 8300

SR# 20200249719

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 202178647

Date: 01-13-20