

17, 2020 21:54 (UTC) From: +15612646286

To: +18

M2000000818

Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H20000020302 3)))



H200000203023ABCJ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : GOYENECHEA PROFESSIONAL SERVICES LLC
Account Number : I20190000078
Phone : (561)341-1582
Fax Number : (561)264-6286

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: pgoyenechea@yahoo.com

Foreign Limited Liability Company
OMER CONNECTION LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

2020 JAN 21 AM 8:43

Electronic Filing Menu

Corporate Filing Menu

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H200000 20302 3 ABCJ

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: OMER CONNECTION 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:

PABLO E GOYENECHEA

Name of Person

TuContadorEnMiami.com LLC

Firm/Company

642 Springdale Circle

Address

Palm Springs, Florida 33461-1535

City/State and Zip Code

pablo@TuContadorEnMiami.com

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

For further information concerning this matter, please call:

Pablo E Goyenechea

561

341-1582

Name of Contact Person

at (_____) _____

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

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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. OMER CONNECTION LLC

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

2. DELAWARE STATE

42-1777642

(Jurisdiction under the law of which foreign limited liability company is organized)

3. (FEI 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. 1200 Brickell Bay Drive Apt 2508

(Street Address of Principal Office)

Miami, Florida 33131

6. 1200 Brickell Bay Drive Apt 2508

(Mailing Address)

Miami, Florida 33131

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

Name: TuContadorEnMiami.com LLC

Office Address: 642 Springdale Circle

Palm Springs

(City)

, Florida

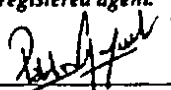
33461-1535

(Zip code)

2020 JUN 21 PM 4:12

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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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: De La Torre, Gabriela Alejandra
☐ Member Address: 1200 Brickell Bay Dr Apt 2508
☐ Authorized Miami, FL 33131
 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

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


 Signature of an authorized person

Gabriela A De La Torre

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Delaware

The First State

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OMER CONNECTION LLC" WAS FORMED ON THE SIXTEENTH DAY OF OCTOBER, A.D. 2013.

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

2020 JAN 21 PM 4:12




Jeffrey W. Bullock, Secretary of State

5416138 8300

SR# 20200132947

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

Authentication: 202169518

Date: 01-11-20

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Service Request# 20200132947



State of Delaware

SECRETARY OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 898
DOVER, DELAWARE 19903

8341183

01-11-2020

PABLO E GOYENECHEA

642 SPRINGDALE CIRCLE

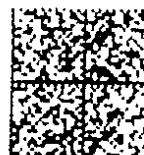
PALM SPRINGS, FL 33461-1535

ATTN: TUCONTADORENMIAMI.COM LLC

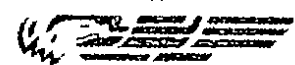
DESCRIPTION	AMOUNT
5416138 - OMER CONNECTION LLC	
Entity Status - Short Form	
Certification Fee	\$50.00
TOTAL CHARGES	\$50.00
TOTAL PAYMENTS	\$50.00
BALANCE	\$0.00

STATE OF DELAWARE
DIVISION OF CORPORATIONS
POST OFFICE BOX 898
DOVER, DELAWARE 19903
20-05-001

Business Penalty For Private Use \$300



U.S. POSTAGE PITNEY BOWES



ZIP 19904 \$ 000.50⁰
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