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DATE: 1/23/20

NAME: CENTAURI HLDGS, LLC

TYPE OF FILING: APPLICATION

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AUTHORIZATION: ABBIE/PAUL HODGE

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COVER LETTER

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TO: **Registration Section Division of Corporations**

Centauri Hldgs, LLC

SUBJECT: _

For further

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Name of Limited Liability Company

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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:

Dang Nguyen		
	Name of Person	7020
First Corporate Solutions, Inc.		2020 JAN
······································	Firm/Company	3
12631 Imperial Highway, F-106		P
	Address	
Santa Fe Springs, CA 90670		
C	ity/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
raservices@ficoso.com		
E-mail address: (to be	used for future annual report notif	ication)
er information concerning this matter, please cal	1:	
Dang Nguyen	916 313-8978 at ()	3
Name of Contact Person	Area Code Dayti	me Telephone Number
Mailing Address:	Street Address:	
Registration Section		
Division of Corporations	Division of Corporations	
P.O. Box 6327	The Centre of Tallahassee	
allahassee, FL 32314 2415 N. Monroe Street, Suite 810		Suite 810
	Tallahassee, FL 32303	
Enclosed is a check for the following amount:		
Please make check payable to: FLORIDA DEP \$125.00 Filing Fee \$130.00 Filing Fee		
Certificate o		□ \$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. Centauri Hidgs, LLC

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. . .

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

Delaware	3.	84-4396092		2020	
(Jurisdiction under the law of which foreign limited liability company is organized)	J	(FEI DI	mber, if applici	ь (,) ,,	 .
Upon filing				N 23	
(Data first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determi	registration.) ne penalty linbil	ity)	<u> </u>	P	• .
1221 Brickell Avenue	6			·	•
ret Address of Principal Office)	6	(Mailing Address)			
Suite 2660			72		
Miami, FL 33131					
				···· , <u></u> .	

Name:	First Corporate Solutions, Inc.		
Office Address:	155 Office Plaza Drive		
	Talłahassee	3230) , Florida	
	(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.

Dang Nguyen, Asst. Secretary Registered agent's signature)

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:	Title or Capacity:	Name and Address:
□Manager	Name:	□Manager	Name:
Member	Address:	Member	Address:
Authorized	Suite 3000	Authorized	
Person	Miami, FL 33131	Person	
□Other	Other	DOther	□Other
Manager	Name:	□ Manager	Name JAN
□Member	Address:	Member	Address:
□Authorized		DAuthorized	PF.
Person		Person	· · · · · · · · · · · · · · · · · · ·
Other	Other	DOther	
□Manager	Name:	□Manager	Name:
□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. 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.

IN

Signature of an authorized person

Jahan S. Islami, Esq.

Typed or printed name of signee



The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CENTAURI HLDGS, 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 TWENTY-SECOND DAY OF JANUARY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CENTAURI HLDGS, LLC" WAS FORMED ON THE SEVENTEENTH DAY OF JANUARY, A.D. 2020.

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



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effrev W. Bullech, Secretary

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SR# 20200477012 You may verify this certificate online at corp.delaware.gov/authver.shtml