



# COVER LETTER

Registration Section  
Division of Corporations

VIVELA PROPERTIES LLC

SUBJECT: \_\_\_\_\_  
Name of Limited Liability Company

enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of  
Filing, 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:

LOVETTE DOBSON

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

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

17350 STATE HWY 249 #220

\_\_\_\_\_  
Address

HOUSTON, TX 77064

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

EFILE1234@INCFIL.COM

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

For further information concerning this matter, please call:

LOVETTE DOBSON

1

888-462-3453

at (\_\_\_\_\_) \_\_\_\_\_

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

\_\_\_\_\_  
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 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

VELA PROPERTIES LLC

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

If 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."

WYOMING

84-4063372

3.

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

(FEI number, if applicable)

(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability.)

30 N GOULD ST STE R

30 N GOULD ST STE R

6.

(Street Address of Principal Office)

(Mailing Address)

SHERIDAN, WYOMING 82801

SHERIDAN, WYOMING 82801

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

Name:

REGISTERED AGENTS INC

Office Address:

7901 4TH ST N, STE 300

ST PETERSBURG

(City)

, Florida

33702

(Zip code)

RECEIVED  
JAN 6 2020  
TALLAHASSEE  
FLORIDA

2020 JAN -6 PM 1:20

FILED

Registered agent's acceptance:

I, Bill Hume, have been named as registered agent and to accept service of process for the above stated limited liability company at the place stated 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.

Bill Hume

(Registered agent's signature)

For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to sign [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>
Manager	Name: ISAMAR MELENDEZ	<input type="checkbox"/> Manager	Name: _____
Member	Address: 30 N GOULD ST	<input type="checkbox"/> Member	Address: _____
Authorized	STE R	<input type="checkbox"/> Authorized	_____
Person	SHERIDAN, WYOMING 82801	Person	_____
Other	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

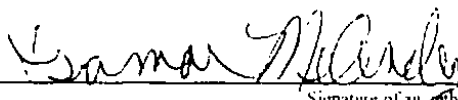
Manager	Name: JEFFREY RIVERA	<input type="checkbox"/> Manager	Name: _____
Member	Address: 30 N GOULD ST	<input type="checkbox"/> Member	Address: _____
Authorized	STE R	<input type="checkbox"/> Authorized	_____
Person	SHERIDAN, WYOMING 82801	Person	_____
Other	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
Member	Address: _____	<input type="checkbox"/> Member	Address: _____
Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
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-individuals may be added to the index when filing your Florida Department of State Annual Report form.

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 by a translator must be submitted)

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information provided 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

ISAMAR MELENDEZ  
\_\_\_\_\_  
Typed or printed name of signer

**STATE OF WYOMING**  
**Office of the Secretary of State**

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

**VIVELA PROPERTIES LLC**

is a


**Limited Liability Company**

formed or qualified under the laws of Wyoming did on **December 23, 2019** with a delayed effective date of January 1, 2020, comply with all applicable requirements of this office. Its period of duration is perpetual. This entity has been assigned entity identification number **2019-000891300**.

This entity is in existence and in good standing in this office and has filed all annual reports and has paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 2nd day of January, 2020 at 2:17 PM. This certificate is assigned 034077830.



  
Secretary of State