

map00000/491

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

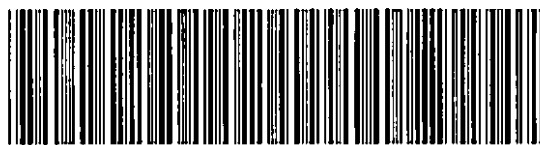
(Document Number)

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2020 FEB -6 A 11:50  
TALLAHASSEE, FLORIDA

T. LEMIEUX  
FEB 07 2021

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Ciantro Pernia 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:

Janet Pernia

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

Ciantro Pernia LLC

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

290 174th street apt 1110

\_\_\_\_\_  
Address

Sunny Isles Beach, FL 33160

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

marco.orianio@gmail.com

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

For further information concerning this matter, please call:

Janet Pernia

786

5087897

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 29, 2020

JANET PERNIA  
290 174 ST APT 1110  
SUNNY ISLES, FL 33160

SUBJECT: CIANTRO PERNIA LLC  
Ref. Number: W20000009016

We have received your document for CIANTRO PERNIA LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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) 245-6050.

Tracy L Lemieux  
Regulatory Specialist II

Letter Number: 020A00002143

RECEIVED  
FEB 06 2020

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

2. Delaware 3. 84-3846004  
(Jurisdiction under the law of which foreign limited liability company is organized) (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. 290 174th street apt 1110, Sunny Isles Beach 6. 290 174th street apt 1110, Sunny Isles Beach  
(Street Address of Principal Office) (Mailing Address)

FL 33160 FL 33160  
\_\_\_\_\_  
\_\_\_\_\_

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

Name: Janet Pernia Cespedes

Office Address: 290 174th street apt 1110

Sunny Isles Beach 33160  
\_\_\_\_\_, 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.*

  
\_\_\_\_\_  
(Registered agent's signature)

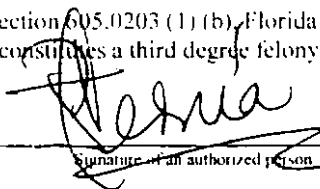
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

| <u>Title or Capacity:</u>                      | <u>Name and Address:</u>          | <u>Title or Capacity:</u>                      | <u>Name and Address:</u>                  |
|--|-----------------------------------|--|---|
| <input checked="" type="checkbox"/> Manager    | Name: <u>Nicolo Ciantro</u>       | <input checked="" type="checkbox"/> Manager    | Name: <u>Janet Pernia Cespedes</u>        |
| <input type="checkbox"/> Member                | Address: <u>33215 Raphael Rd</u>  | <input type="checkbox"/> Member                | Address: <u>290 174th street apt 1110</u> |
| <input checked="" type="checkbox"/> Authorized | <u>Farmington Hills, MI 48336</u> | <input checked="" type="checkbox"/> Authorized | <u>Sunny Isles Beach, FL 33160</u>        |
| Person   | <u></u>                           | Person   | <u></u>                                   |
| <input type="checkbox"/> Other                 | <u></u>                           | <input type="checkbox"/> Other                 | <u></u>                                   |
| <input type="checkbox"/> Manager               | Name: <u></u>                     | <input type="checkbox"/> Manager               | Name: <u></u>                             |
| <input type="checkbox"/> Member                | Address: <u></u>                  | <input type="checkbox"/> Member                | Address: <u></u>                          |
| <input type="checkbox"/> Authorized            | <u></u>                           | <input type="checkbox"/> Authorized            | <u></u>                                   |
| Person   | <u></u>                           | Person   | <u></u>                                   |
| <input type="checkbox"/> Other                 | <u></u>                           | <input type="checkbox"/> Other                 | <u></u>                                   |
| <input type="checkbox"/> Manager               | Name: <u></u>                     | <input type="checkbox"/> Manager               | Name: <u></u>                             |
| <input type="checkbox"/> Member                | Address: <u></u>                  | <input type="checkbox"/> Member                | Address: <u></u>                          |
| <input type="checkbox"/> Authorized            | <u></u>                           | <input type="checkbox"/> Authorized            | <u></u>                                   |
| Person   | <u></u>                           | Person   | <u></u>                                   |
| <input type="checkbox"/> Other                 | <u></u>                           | <input type="checkbox"/> Other                 | <u></u>                                   |

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

Jane Pernia Cespedes

Typed or printed name of signee

# Delaware

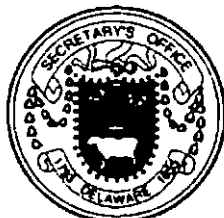
The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CIANTRO PERNIA 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 FOURTH DAY OF FEBRUARY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CIANTRO PERNIA LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF NOVEMBER, A.D. 2019.

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



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.

7725766 8300

SR# 20200787747

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

Authentication: 202317322

Date: 02-04-20