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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** SNAPPER ROCKS 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:

JENNIFER SILY HESLIN  
\_\_\_\_\_  
Name of Person  
  
SILY HESLIN LAW PA  
\_\_\_\_\_  
Firm/Company  
  
8726 NW 26 STREET, SUITE 26  
\_\_\_\_\_  
Address  
  
DORAL, FL 33172  
\_\_\_\_\_  
City/State and Zip Code  
  
JEN@SILYHESLIN.COM  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JENNIFER SILY HESLIN                      786                      871-1772  
\_\_\_\_\_  
Name of Contact Person                      at (                      )                      Daytime Telephone Number  
Area Code

**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 &      ☐ \$155.00 Filing Fee &      ☐ \$160.00 Filing Fee, Certificate  
Certificate of Status                      Certified Copy                      of Status & Certified Copy





FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 28, 2020

JENNIFER SILY HESLIN  
8726 NW 26 ST STE 26  
DORAL, FL 33172

SUBJECT: SNAPPER ROCKS LLC  
Ref. Number: W20000008154

We have received your document for SNAPPER ROCKS LLC and your check(s) totaling \$125.00. 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: 220A00002011



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 THE STATE OF FLORIDA FOR AUTHORIZATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. SNAPPER ROCKS 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

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

3. 30-0990172

(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. 8726 NW 26 STREET, SUITE 26

(Street Address of Principal Office)

6. 8726 NW 26 STREET, SUITE 26

(Mailing Address)

DORAL, FL 33172

8726 NW 26 STREET, SUITE 26

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

Name: SILY HESLIN LAW PA

Office Address: 8726 NW 26 STREET, SUITE 26

DORAL, FL

(City)

, Florida 33172

(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)



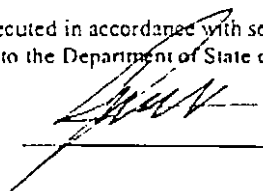
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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>Raphael Reimol Domenech</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Victor Reimol Domenech</u>
<input type="checkbox"/> Member	Address: <u>8726 NW 26 St, Ste 26</u>	<input type="checkbox"/> Member	Address: <u>8726 NW 26 St, Ste 26</u>
<input type="checkbox"/> Authorized	<u>Doral, FL 33172</u>	<input type="checkbox"/> Authorized	<u>8726 NW 26 St, Ste 26</u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <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"/> 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"/> 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

Raphael Reimol Domenech  
 Typed or printed name of signer




# Delaware

The First State

Page 1

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SNAPPER ROCKS LLC" WAS FORMED ON THE SECOND DAY OF FEBRUARY, A.D. 2016.



Jeffrey W. Bullock, Secretary of State

5953196 8300

SR# 20200672507

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

Authentication: 202295196

Date: 01-30-20