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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAR 09 2020  
TALLAHASSEE

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

(OFFICE USE ONLY)

Corporation Name & Document Number, (if known):

1. W-Daniel 12:3 LLC

(Corporation Name)

Document #

2.

(Corporation Name)

Document #

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**NEW FILINGS**

☐ Profit

☐ Not for Profit

☒ Limited Liability

☐ Domesitication

☐ Other

**AMMENDMENTS**

☐ Amendment

☐ Resignation of R.A. Officer/Director

☐ Change of Registered Agent

☐ Dissolution/Withdrawal

☐ Merger

**OTHER FILINGS**

☐ Annual Report

☐ Fictitious Name

☐ APOSTIL

**REGISTRATION/QUALIFICATIONS**

☐ Foreign

☐ Limited Partnership

☐ Reinstatement

☐ Trademark

☐ Other

EXAMINER'S INITIALS: \_\_\_\_\_

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EXAMINER'S INITIALS: \_\_\_\_\_



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

201410-05 1:17

March 5, 2020

FLORIDA CAPITAL COURIER SERVICES, INC

SUBJECT: W-DANIEL 12:3 LLC  
Ref. Number: W20000024426

We have received your document for W-DANIEL 12:3 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) 245-6051.

Tracy L Lemieux  
Regulatory Specialist II

Letter Number: 020A00004884

*Corrected*

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. W-Daniel 12:3 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. New Mexico  
(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. 7955 NW 12th St #312  
(Street Address of Principal Office)

6. 755 NW 72nd Ave Plaza 20 Suite #183  
(Mailing Address)

Doral, FL 33126  
Miami, FL 33126

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301  
(City) (Zip code)

FILED  
2020 MAR - 6 PM 4:46  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

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.

**Kristyn N. Simpson, Asst. VP**

Kristyn N. Simpson  
(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:	Argentina Paulino		<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:	755 NW 72nd Ave Plaza 20		<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized		Suite #183		<input type="checkbox"/> Authorized			
Person		Miami, FL 33126		Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name:			<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:			<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized				<input type="checkbox"/> Authorized			
Person				Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name:			<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:			<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized				<input type="checkbox"/> Authorized			
Person				Person			
<input type="checkbox"/> 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-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.

*Argentina Paulino*

Signature of an authorized person

Argentina Paulino

# OFFICE OF THE SECRETARY OF STATE

## NEW MEXICO

### *Certificate of Good Standing and Compliance*

IT IS HEREBY CERTIFIED THAT:

**W-Daniel12:3 LLC**  
**6045790**

the above named entity, a Company organized under the laws of New Mexico, is duly authorized to transact business in New Mexico as a Domestic Limited Liability Company, under the

**Limited Liability Company Act**

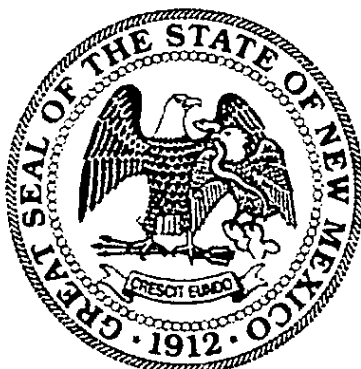
**53-19-1 to 53-19-74 NMSA 1978**

having filed its Articles of Organization on November 21, 2019, and Certificate of Organization issued as of said date.

It is further certified that the fees due to the Office of the Secretary of State which have been assessed against the above named entity have been paid to date and the entity is in good standing and duly authorized to transact business as its existence has not been revoked in New Mexico. This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entity's financial condition or business activities and practices.

Certificate Issued: **March 5, 2020**

**In testimony whereof, the Office of the Secretary of State has caused this certificate to be signed on this day in the City of Santa Fe, and the seal of said office to be affixed hereto.**



*Maggie Toulouse Oliver*

Maggie Toulouse Oliver  
Secretary of State

**Certificate Validation #: 0035296**

A certificate issued electronically from the New Mexico Secretary of State's office is immediately valid and effective. The validity of a certificate may be established by viewing the **Certificate Validation** option on the Business Filing System at <https://portal.sos.state.nm.us/bfs/online> and following the instructions