

M2000003/63

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

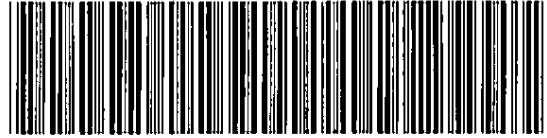
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2020 MAR 16 PM 3:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 20 2020

T. LEMUEUX

620-19674

Samuel Spencer Blum

ATTORNEY AT LAW

2666 TIGERTAIL AVENUE, SUITE 106
COCONUT GROVE, FLORIDA 33133

TELEPHONE: (305) 854-1885

TELEFAX: (305) 854-3314

e-mail: sam@samblum.com

February 13, 2020

Division of Corporations
Registration Section
The Centre of Tallahassee
2415 N. Monroe Street
Suite 810
Tallahassee, Florida 32303

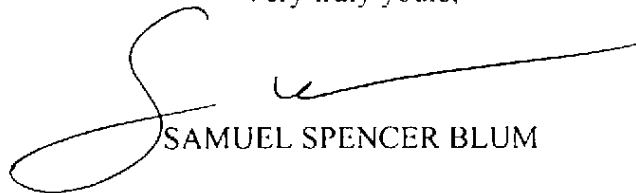
Re: YOFI, LLC, a Puerto Rico LLC
Application to Transact Business in Florida

Dear Sir or Madam:

Enclosed please find Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida for YOFI, LLC, a Puerto Rico LLC. Also enclosed is check for the filing fee.

If you have any questions, or need anything further, feel free to contact me.

Very truly yours,



SAMUEL SPENCER BLUM

SSB/lcm

Enclosures

cc: YOFI, LLC

Corporate\105621\021320 div corp.ltr

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: YOFI, 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:

Samuel Spencer Blum, Esquire

Name of Person

Firm/Company

2666 Tigertail Avenue, Suite 106

Address

Coconut Grove, Florida 33133

City/State and Zip Code

laura@samblum.com

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

For further information concerning this matter, please call:

Samuel S. Blum

305

854-1885

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

February 24, 2020

SAMUEL SPENCER BLUM
2666 TIGERTAIL AVE STE 106
COCONUT GROVE, FL 33133

SUBJECT: YOFI, LLC
Ref. Number: W20000019674

We have received your document for YOFI, 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: 620A00004073

LS
2/28/2020

RECEIVED

MAR 16 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. YOFI, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

YOFI PR, 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. Puerto Rico 3. 66-0928678
(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. Arturo Cadilla 6. same
(Street Address of Principal Office) (Mailing Address)

Suite 411

Pase San Pablo 100, Bayamon, PR 00969

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

Name: Samuel Spencer Blum, Esquire

Office Address: 2666 Tigertail Avenue, Suite 106

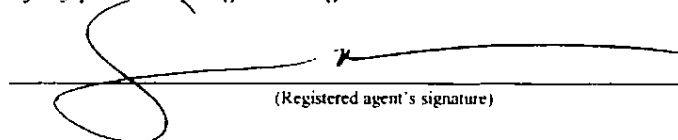
Coconut Grove, Florida 33133
(City) (Zip code)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2001 MAR 16 PM 3:32

FILED

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)

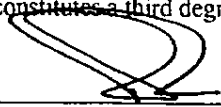
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: Raul A. Rios	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: Arturo Cadilla	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Suite 411, Pase San Pablo 100	<input type="checkbox"/> Authorized	_____
Person	Bayamon, PR 00969	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.


Signature of an authorized person

Raul A. Rios

Typed or printed name of signer

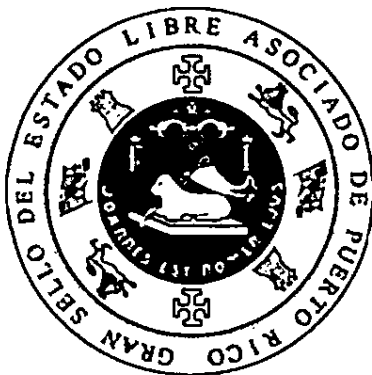


Government of Puerto Rico

CERTIFICATE OF GOOD STANDING

I, **Elmer L. Roman**, **Secretary of State** of the Government of Puerto Rico,

CERTIFY: That, pursuant to Puerto Rico's General Law of Corporations, **YOFI LLC**, register number **431328**, a **for profit domestic** Limited Liability Company organized under the laws of Puerto Rico on **July 30, 2019**, is in good standing until **April 15, 2020**, date on which its first Annual Fee is due.



IN WITNESS WHEREOF, the undersigned by virtue of the authority vested by law, hereby issues this certificate and affixes the Great Seal of the Government of Puerto Rico, in the City of San Juan, Puerto Rico, today, **March 9, 2020**.

A handwritten signature in black ink, appearing to read "Elmer L. Roman", is written over a horizontal line.

Elmer L. Roman
Secretary of State

To validate this certificate go to: <http://estado.pr.gov/>

This certificate can be validated an unlimited number of times before its expiration date of 09-Mar-2021.

Certificate Validation Number: **333822-36105143**