M20000004283

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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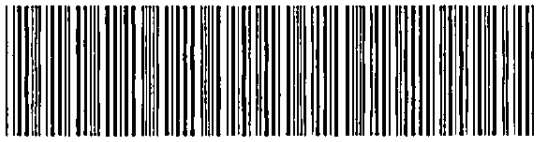

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5/4/20

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115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
866.625.0838
COGENCYGLOBAL.COM

Account#: I20000000088

Date: **May 05, 2020**

Name: **ERIC HOOD**

Reference #: **1217301**

Entity Name: **SURFTIDE LLC**

- [x] Articles of Incorporation/Authorization to Transact Business
- [ ] Amendment
- [ ] Change of Agent
- [ ] Reinstatement
- [ ] Conversion
- [ ] Merger
- [ ] Dissolution/Withdrawal
- [ ] Fictitous Name
- [x] Other **CERTIFICATE OF STATUS AND CERTIFIED COPY**

Authorized Amount: **$160.00**

Signature: Eric Hood

COVER LETTER

TO: **Registration Section**
Division of Corporations

SURFTIDE LLC

SUBJECT: _____
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:

SEAN C. LUCAS

_____
Name of Person

SEAN C. LUCAS, PLLC

_____
Firm/Company

777 BRICKELL AVENUE, SUITE 500

_____
Address

MIAMI, FLORIDA 33131

_____
City/State and Zip Code

SEAN@SEANCLUCAS.COM

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

For further information concerning this matter, please call:

SEAN LUCAS 786 427-7082

_____ 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

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. SURFTIDE 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. PUERTO RICO
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 66-0905257
(FEI number, if applicable)

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

5. #35 CAOBA STREET
ESTANCIAS DE TORRIMAR
GUAYNABO, PR 00966
(Street Address of Principal Office)

6. #35 CAOBA STREET
ESTANCIAS DE TORRIMAR
GUAYNABO, PR 00966
(Mailing Address)

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

Name: JAN A. DE LA CRUZ

Office Address: 2025 BRICKELL AVENUE, UNIT 1003

MIAMI, Florida 33129
(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.

Jan A. De La Cruz
(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]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
☐Manager	Name: JAN A. DE LA CRUZ	☐Manager	Name: RENE DE LA CRUZ
☐Member	Address: 2025 BRICKELL AVENUE	■Member	Address: 1643 BRICKELL AVENUE
■Authorized	UNIT 1003	☐Authorized	UNIT 905
Person	MIAMI, FLORIDA 33129	Person	MIAMI, FLORIDA 33129
☐Other_____	☐Other_____	☐Other_____	☐Other_____
☐Manager	Name:	☐Manager	Name:
☐Member	Address:	☐Member	Address:
☐Authorized		☐Authorized	
Person		Person	
☐Other_____	☐Other_____	☐Other_____	☐Other_____
☐Manager	Name:	☐Manager	Name:
☐Member	Address:	☐Member	Address:
☐Authorized		☐Authorized	
Person		Person	
☐Other_____	☐Other_____	☐Other_____	☐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

RENE DE LA CRUZ

Typed or printed name of signee

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, **SURFTIDE LLC**, register number **413307**, a **for profit domestic** Limited Liability Company organized under the laws of Puerto Rico on **July 30, 2018**, has complied with the payment of its Annual Fees.

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, **April 30, 2020.**

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 30-Apr-2021.

Certificate Validation Number: **341425-21945773**