

M20000004477

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

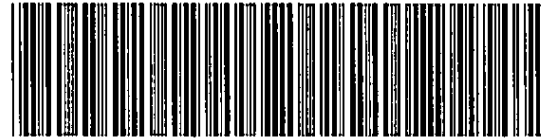
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/14/20--01002--008 **638.75

03/18/20--01003--001 **135.00

2020 MAY 11 AM 10:11
DEPARTMENT OF STATE
CORPORATION SERVICES

FILED

MAY 14 2020

M. SOLOMON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Optimum Agriculture 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:

Pamela Poveda

Name of Person

Optimum Agriculture LLC

Firm/Company

333 SE Second Avenue, Suite 2810

Address

Miami, FL, 33131

City/State and Zip Code

pam@optimumcorp.com

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

For further information concerning this matter, please call:

Josefina Eizayaga

305 5370800

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

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APR 28 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. Optimum Agriculture 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. Arkansas (Jurisdiction under the law of which foreign limited liability company is organized)
3. 33-1219147 (FEI number, if applicable)

4. January 1, 2019
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 333 SE 2nd Avenue, Suite 2810 (Street Address of Principal Office)
Miami, FL, 33131
6. 333 SE 2nd Avenue, Suite 2810 (Mailing Address)
Miami, FL, 33131

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

Name: Optimum Capital Partners Inc
Office Address: 333, SE 2nd Avenue, Suite 2810
Miami, Florida 33131
(City) (Zip code)

FILED
2020 MAY 11 AM 10:11
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.

(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]:

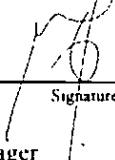
<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Gaston Markevich</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>333 2nd Ave., Suite 2810</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	<u>Miami, FL, 33131</u>	<input type="checkbox"/> Authorized 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 Person	_____	<input type="checkbox"/> Authorized 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 Person	_____	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

2008 MAY 11 AM 10:11
 STATE DEPARTMENT OF REVENUE
 ADMINISTRATIVE SERVICES
 FILED

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
 Gaston Markevich - Manager

 Typed or printed name of signee



**Arkansas Secretary of State
John Thurston**

State Capitol Building ♦ Little Rock, Arkansas 72201-1094 ♦ 501-682-3409

Certificate of Good Standing

I, John Thurston, Secretary of State of the State of Arkansas, and as such, keeper of the records of domestic and foreign corporations, do hereby certify that the records of this office show

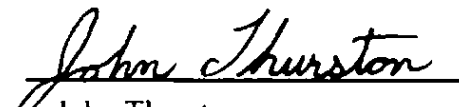
OPTIMUM AGRICULTURE LLC

authorized to transact business in the State of Arkansas as a Limited Liability Company, filed Articles of Organization in this office September 14, 2010.

Our records reflect that said entity, having complied with all statutory requirements in the State of Arkansas, is qualified to transact business in this State.



In Testimony Whereof, I have hereunto set my hand and affixed my official Seal. Done at my office in the City of Little Rock, this 8th day of April 2020.


John Thurston
Secretary of State
Online Certificate Authorization Code: 00c166b750af524
To Verify the Authorization Code, visit sos.arkansas.gov



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 20, 2020

PAMELA BOVEDA
OPTIMUM AGRICULTURE LLC
333 SE SECOND AVENUE SUITE 2810
MIAMI, FL 33131 US

SUBJECT: OPTIMUM AGRICULTURE LLC
Ref. Number: W20000029412

We have received your document for OPTIMUM AGRICULTURE LLC and check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned to you for the following reason(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.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Laura D Chang
Regulatory Specialist II

Letter Number: 520A00006093

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APR 17 2020



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 20, 2020

PAMELA BOVEDA
OPTIMUM AGRICULTURE LLC
333 SE SECOND AVENUE SUITE 2810
MIAMI, FL 33131 US

SUBJECT: OPTIMUM AGRICULTURE LLC
Ref. Number: W20000029412

We have received your document for OPTIMUM AGRICULTURE LLC . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Please accept our apology for failing to mention this in our previous letter.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Mel Solomon
Regulatory Specialist II Supervisor

Letter Number: 020A00008187



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 30, 2020

PAMELA BOVEDA
OPTIMUM AGRICULTURE LLC
333 SE SECOND AVENUE SUITE 2810
MIAMI, FL 33131 US

SUBJECT: OPTIMUM AGRICULTURE LLC
Ref. Number: W20000029412

We have received your document for OPTIMUM AGRICULTURE LLC . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$638.75.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Mel Solomon
Regulatory Specialist II Supervisor

Letter Number: 220A00008934

RECEIVED

MAY 11 2020