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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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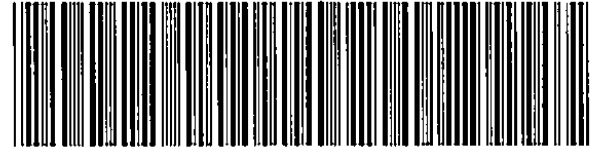
(Business Entity Name)

(Document Number)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Diaz Fontanez & Associates 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:

ARIEL DIAZ

Name of Person

DIAZ FONTANEZ & ASSOCIATES

Firm/Company

ACUARELA 100 SUITE 302

Address

GUAYNABO PR, 00969

City/State and Zip Code

ariel@diazfontanez.com

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

For further information concerning this matter, please call:

Ariel Diaz

787

553-7558

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. DIAZ FONTANEZ & ASSOCIATES 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. 66-0892831
(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. ACUARELA 100 SUITE 302
(Street Address of Principal Office)

6. 7950 NW 53 ST. SUITE 337
(Mailing Address)

GUAYNABO PR, 00969
MIAMI FL, 33166

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

Name: KARLA FONTANEZ

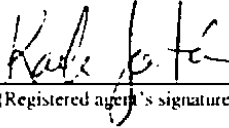
Office Address: 9650 UNIVERSAL BLVD APT 414

ORLANDO
(City) , Florida

32819
(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)

FILED
MAY 11 AM 10:45
CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
THE SEVENTH JUDICIAL CIRCUIT
IN FLORIDA

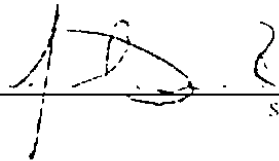
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons author manage [up to six (6) total]:

<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>ARIEL DIAZ</u>	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>CALLE 5 F5</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>MANSIONES DE GUAYNABO</u>	<input type="checkbox"/> Authorized	_____
Person	<u>PR. 00969</u>	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. No 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 jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under 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 informatio 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

ARIEL DIAZ

Typed or printed name of signee



Government of Puerto Rico

CERTIFICATE OF ORGANIZATION

I, **LUIS G. RIVERA MARÍN**, Secretary of State of the Government of Puerto Rico;

CERTIFY: That **DIAZ FONTANEZ & ASSOCIATES LLC**, register number **404552**, is a Domestic Limited Liability Company For Profit organized under the laws of Puerto Rico on this **6th of February, 2018 at 10:35 a.m.**.



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, **February 6, 2018**.

A handwritten signature in black ink, appearing to be "LGR", with a long horizontal line extending to the right.

LUIS G. RIVERA MARÍN
Secretary of State



Government of Puerto Rico
Department of State

Transaction Date: 06-Feb-2018
Register No: 404552
Order No: 1352277

Government of Puerto Rico

Certificate of Formation of a Limited Liability Company

Article I - Limited Liability Company Name

The name of the Domestic Limited Liability Company is: DIAZ FONTANEZ & ASSOCIATES LLC
Desired term for the entity name is: LLC

Article II - Principal Office and Resident Agent

Its principal office in the Government of Puerto Rico will be located at:

Street Address URB. PRADO ALTO, CALLE 4 A7, GUAYNABO, PR, 00966
Mailing Address PO BOX 140, GUAYNABO, PR, 00970
Phone (787) 405-1619

The name, street and mailing address of the Resident Agent in charge of said office is:

Name DIAZ, ARIEL
Street Address URB. PRADO ALTO, CALLE 4 A7, GUAYNABO, PR, 00966
Mailing Address PO BOX 140, GUAYNABO, PR, 00970
Email info@consiguetutrabajo.com
Phone (787) 405-1619

Article III - Nature of Business

This is a For Profit entity whose nature of business or purpose is as follows:

Consultoria de Reclutamiento

Article IV - Authorized Persons

The name, street and mailing address of each Authorized Person is as follows:

Name DIAZ, ARIEL
Street Address URB. PRADO ALTO, CALLE 4 A7, GUAYNABO, PR, 00966
Mailing Address URB. PRADO ALTO, CALLE 4 A7, GUAYNABO, PR, 00966
Email info@consiguetutrabajo.com

Article V - Administrators

If the faculties of the Authorized Persons will end upon the filing of the Certificate of Formation of a Limited Liability Company, the names, physical and mailing address of the persons who will act as Administrators until the first annual meeting of the members or until their successors replace them are as follows:

Name DIAZ, ARIEL

Title President
Street Address URB. PRADO ALTO, CALLE 4 A7, GUAYNABO, PR, 00966
Mailing Address URB. PRADO ALTO, CALLE 4 A7, GUAYNABO, PR, 00966
Email info@consiguetutrabajo.com
Expiration Date Indefinite

Article VI - Terms of Existence

The term of existence of this entity will be: **Perpetual**

The date from which the entity will be effective is: **06-Feb-2018**

Supporting Documents

Document	Date Issued
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STATEMENT UNDER PENALTY OF PERJURY

IN WITNESS WHEREOF, I/We DIAZ, ARIEL, the undersigned, for the purpose of forming a limited liability company pursuant to the laws of Puerto Rico, hereby swear that the facts herein stated are true.
This 6th day of February, 2018.