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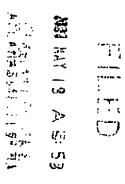
(Re	questor's Name)				
(Ad	dress)				
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PICK-UP	☐ WAIT	MAIL			
(Bu	isiness Entity Nan	ne)			
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Certified Copies	_ Certificates	of Status			
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COVER LETTER

TO:

Registration Section

Τ: _	Name of Limited Liability Company						
	Name of Limited Liability Company						
	"Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Cell check are submitted to register the above referenced foreign limited liability company to transact business						
μrn :	all correspondence concerning this matter to the following:						
	Tirso Rojas						
	Name of Person						
	Firm/Company						
	4598 W. Irma St.						
	Address						
	Yuma, AZ 85364						
	City/State and Zip Code						
	Tirso_Rojas@Icloud.com						
	E-mail address: (to be used for future annual report notification)						
r ini	ormation concerning this matter, please call:						
)liv	ia Cysewski 800 375-2453 at ()						
	Name of Contact Person Area Code Daytime Telephone Number						
Divis	LING ADDRESS: dion of Corporations Stration Section Box 6327 hassee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle						



April 21, 2020

TIRSO ROJAS 4598 W IRMA ST YUMA, AZ 85364

SUBJECT: VILLAVICENCIO, LLC Ref. Number: W20000039361

We have received your document for VILLAVICENCIO, 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: 520A00008312

RECEIVED MAY 1 8 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:

tame unavailable, enter alternate m	ame adopted for the purpose of transacting business in Florid	la. The alternate name must include "Limited L	ability Company,	," "L L C," or "L	LLC.	
Alaska		85-0632161 3				
(Jurisdiction under the law of which foreign limited liability company is organized)		3(FEI number, if applicable)				
		,				
	(Date first transacted business in Florida, if prior to reg (See sections 605 0904 & 605 0905, F.S. to determine	gistration) penalty liability)				
505 Old Steese Hwy 13	22	4598 W. Irma St.				
(Street Address of Principal Office)		6. (Mailing A	ddress)		_	
Fairbanks, AK 99701		Yuma, AZ 85364				
Name:	Registered Agents Inc.		35 34 35 4 35 4	20		
OS: Add:	7901 4th St N, STE 300		20 20 20 20 20 20 20 20 20 20 20 20 20 2	in i	ا ا ا	
Office Address:						
Office Address:	St. Petersburg., PL.	33702 , Florida	4,3 c c s	in N		

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: Name: Tirso Rojas Name: _ Margarita Rojas Manager Manager Address: _ 4598 W. Irma St. Address: 4598 W. Irma St. Member ■ Member Yuma, AZ 85364 Yuma, AZ 85364 Authorized Authorized Person Person Other____ Other_ Other Other___ Name: _____ Manager Manager Manager Name: Address: ____ Member Member Address: Authorized ☐ Authorized Person Person Other____ Other Other Other Manager Manager 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. Nonindexed 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.

Typed or printed name of signee

Tirso Rojas

Pojas

Alaska Entity #10129189

State of Alaska Department of Commerce, Community, and Economic Development Corporations, Business, and Professional Licensing

Certificate of Compliance

The undersigned, as Commissioner of Commerce, Community, and Economic Development of the State of Alaska, and custodian of corporation records for said state, hereby issues a Certificate of Compliance for:

Villavicencio, LLC

This entity was formed on April 6, 2020 and is in good standing. This entity has filed all biennial reports and fees due at this time.

No information is available in this office on the financial condition, business activity or practices of this corporation.

Sulse Cinterior



IN TESTIMONY WHEREOF, I execute the certificate and affix the Great Seal of the State of Alaska effective April 6, 2020.

Julie Anderson Commissioner