

N20000005566

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

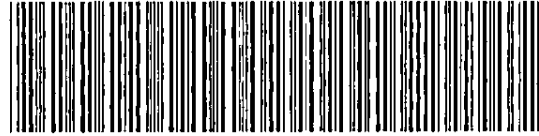
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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45  
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# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

CYN Records, LLC

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\_\_\_ Art of Inc. File \_\_\_  
\_\_\_ LTD Partnership File \_\_\_  
\_\_\_ Foreign Corp. File \_\_\_  
\_\_\_ L.C. File \_\_\_  
\_\_\_ Fictitious Name File \_\_\_  
\_\_\_ Trade/Service Mark \_\_\_  
\_\_\_ Merger File \_\_\_  
\_\_\_ Art. of Amend. File \_\_\_  
\_\_\_ RA Resignation \_\_\_  
\_\_\_ Dissolution / Withdrawal \_\_\_  
\_\_\_ Annual Report / Reinstatement \_\_\_  
\_\_\_ Cert. Copy \_\_\_  
\_\_\_ Photo Copy \_\_\_  
\_\_\_ Certificate of Good Standing \_\_\_  
\_\_\_ Certificate of Status \_\_\_  
\_\_\_ Certificate of Fictitious Name \_\_\_  
\_\_\_ Corp Record Search \_\_\_  
\_\_\_ Officer Search \_\_\_  
\_\_\_ Fictitious Search \_\_\_  
\_\_\_ Fictitious Owner Search \_\_\_  
\_\_\_ Vehicle Search \_\_\_  
\_\_\_ Driving Record \_\_\_  
\_\_\_ UCC 1 or 3 File \_\_\_  
\_\_\_ UCC 11 Search \_\_\_  
\_\_\_ UCC 11 Retrieval \_\_\_  
\_\_\_ Courier \_\_\_

Signature

Requested by: SETH

06/23/20

Name

Date

Time

1k-In

Will Pick Up

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CYN Records, LLC  
Name of corporation - must include suffix

Dear Sir or Madam:

Please return all correspondence concerning this matter to the following:

Rafael Amaro  
Name of Person  
CYN Records, LLC  
Firm/Company  
2400 NE 132nd St  
Address  
Miami, FL 33167  
City/State and Zip code  
Rafael Amaro 2@aol.com  
E-mail address: (to be used for future annual report notification)

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FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Kyle Kruse at 904 891-7523  
Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

MAILING ADDRESS:  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:  
Please make check payable to: FLORIDA DEPARTMENT OF STATE

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS  
IN FLORIDA

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1 CYN Records 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 Colorado 3 85-0499217  
(Jurisdiction under the law of which foreign limited liability company is organized) (LLC number, if applicable)

4 6/20/20  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.001 & 605.002, F.S. to determine penalty liability.)

5 2400 NE 132<sup>nd</sup> St 6 2400 NE 132<sup>nd</sup> St  
(Street Address of Principal Office) (Mailing Address)

Miami, FL 33167

Miami, FL 33167

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

Name Rafael Amaro

Office Address 2400 NE 132<sup>nd</sup> St

Miami, FL 33167, Florida 33167  
(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.

Rafael Amaro  
(Registered agent's signature)

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TALLAHASSEE, FLORIDA

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:  
☒ Manager Name Rafael Amaro  
☐ Member Address 2400 NE 132nd St  
☐ Authorized Miami, FL 33167  
Person  
☐ Other ☐ Other

☐ Manager Name  
☐ Member Address  
☐ Authorized  
Person  
☐ Other ☐ Other

☐ Manager Name  
☐ Member Address  
☐ Authorized  
Person  
☐ Other ☐ Other

Title or Capacity: Name and Address:  
☐ Manager Name  
☐ Member Address  
☐ Authorized  
Person  
☐ Other ☐ Other

☐ Manager Name  
☐ Member Address  
☐ Authorized  
Person  
☐ Other ☐ Other

☐ Manager Name  
☐ Member Address  
☐ Authorized  
Person  
☐ 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.

Rafael Amaro

Signature of an authorized person

Rafael Amaro

Typed or printed name of signer

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OFFICE OF THE SECRETARY OF STATE  
OF THE STATE OF COLORADO

**CERTIFICATE OF FACT OF GOOD STANDING**

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

CYN Records, LLC

is a

Limited Liability Company

formed or registered on 07/16/2012 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20121382857.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 05/18/2020 that have been posted, and by documents delivered to this office electronically through 05/19/2020 @ 13:30:20.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 05/19/2020 @ 13:30:20 in accordance with applicable law. This certificate is assigned Confirmation Number 12349369.



*Jena Griswold*

Secretary of State of the State of Colorado

\*\*\*\*\*End of Certificate\*\*\*\*\*  
*Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, <http://www.sos.state.co.us/biz/CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, <http://www.sos.state.co.us/> click "Businesses, trademarks, trade names" and select "Frequently Asked Questions"*