

6/24/2020

Division of Corporations

MASSACHUSETTS
 Commonwealth of Massachusetts
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To:

Division of Corporations
 Fax Number : (850)617-6383

From:

Account Name : HARVARD BUSINESS SERVICES, INC.
 Account Number : 120080000045
 Phone : (302)645-7400
 Fax Number : (302)645-1280

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

Foreign Limited Liability Company
DAEL VICTORIA REYES LLC

| | |
|-----------------------|----------|
| Certificate of Status | 1 |
| Certified Copy | 0 |
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Electronic Filing Menu

Corporate Filing Menu

JUN 25 2020

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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. DAEL VICTORIA REYES LLC

(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC")

Reyes & Milan 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. Delaware

(Jurisdiction under the law of which foreign limited liability company is organized)

82-1825683

3.

(FBI 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)

1014 Westside Dr

5. (Street Address of Principal Office)

1014 Westside Dr

6.

(Mailing Address)

Tampa, FL 33619

Tampa, FL 33619

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

Name: Dennys D Milan Figueroa

Office Address: 1014 Westside Dr

Tampa

(City)

33619

(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)

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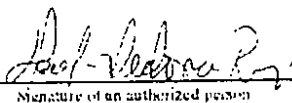
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

| <u>Title or Capacity:</u> | <u>Name and Address:</u> | <u>Title or Capacity:</u> | <u>Name and Address:</u> |
|--|--|--|----------------------------------|
| <input type="checkbox"/> Manager | Name: <u>Dennys D Milan Figueroa</u> | <input type="checkbox"/> Manager | Name: <u>Dael Victoria Reyes</u> |
| <input checked="" type="checkbox"/> Member | Address: <u>1014 Westside Dr</u> | <input checked="" type="checkbox"/> Member | Address: <u>1014 Westside Dr</u> |
| <input type="checkbox"/> Authorized | <u>Tampa, FL 33619</u> | <input type="checkbox"/> Authorized | <u>Tampa, FL 33619</u> |
| Person | <u></u> | Person | <u></u> |
| <input type="checkbox"/> Other | <u></u> | <input type="checkbox"/> Other | <u></u> |
| <input type="checkbox"/> Manager | Name: <u>Dael Victoria Reyes Trust</u> | <input type="checkbox"/> Manager | Name: <u></u> |
| <input checked="" type="checkbox"/> Member | Address: <u>1014 Westside Dr</u> | <input type="checkbox"/> Member | Address: <u></u> |
| <input type="checkbox"/> Authorized | <u>Tampa, FL 33619</u> | <input type="checkbox"/> Authorized | <u></u> |
| Person | <u></u> | Person | <u></u> |
| <input type="checkbox"/> Other | <u></u> | <input type="checkbox"/> Other | <u></u> |
| <input type="checkbox"/> Manager | Name: <u></u> | <input type="checkbox"/> Manager | Name: <u></u> |
| <input type="checkbox"/> Member | Address: <u></u> | <input type="checkbox"/> Member | Address: <u></u> |
| <input type="checkbox"/> Authorized | <u></u> | <input type="checkbox"/> Authorized | <u></u> |
| Person | <u></u> | Person | <u></u> |
| <input type="checkbox"/> Other | <u></u> | <input type="checkbox"/> Other | <u></u> |

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

Dennys D Milan Figueroa

Typed or printed name of signer

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Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DAEL VICTORIA REYES LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FOURTH DAY OF JUNE, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DAEL VICTORIA REYES LLC" WAS FORMED ON THE NINTH DAY OF JUNE, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

2020 JUN 24 10:00 AM



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SR# 20205873979

You may verify this certificate online at corp.delaware.gov/authver.shtmlA handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 203165303

Date: 06-24-20

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