

N20000005887

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

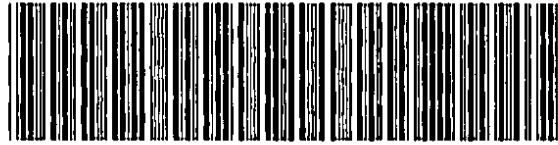
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2020 JUL 06 PM 1:53

T GLASS

JUL 06 2020



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 4, 2020

SALVADOR DIPP
6303 BLUE LAGOON DR. SUITE 320
MIAMI, FL 33126 US

SUBJECT: EUROPINE LVT DISTRIBUTORS LLC
Ref. Number: W20000055090

We have received your document for EUROPINE LVT DISTRIBUTORS LLC and your check(s) totaling \$160.00. 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) 245-6052.

Tacarri K Glass
Regulatory Specialist II

Letter Number: 120A00011035

RECEIVED
JUN 30 2020

**Registration Section
Division of Corporations**

SUBJECT: _____
Name of Limited Liability Company

Name of Person

Firm/Company

Address

City/State and Zip Code

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

Salvador Dipp at (305) 406 3858

Name of Contact Person Area Code Daytime Telephone Number

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

☐ \$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

2017-2018

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

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:

EUROPINE LVT DISTRIBUTORS 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."

DELAWARE

84-2021802

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

3.

(FEI number, if applicable)

5/4/2020

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

3411 SILVERSIDE ROAD

9605 NW 13TH STREET

(Street Address of Principal Office)

6.

(Mailing Address)

TATNALL BUILDING #104

MIAMI, FLORIDA 33172

WILMINGTON, DE 19810

2020 JUN 30 PM 1:53

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

Name:

DAS FINANCIAL GROUP CORP

Office Address:

6303 Blue Lagoon Dr. Suite 320

Miami

33126

, Florida

(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.

(Registered agent's signature)

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

Title or Capacity: Name and Address:
Manager Name: REBECCA NERYS
Member Address: 9605 NW 13TH STREET
Authorized MIAMI, FLORIDA 33172
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

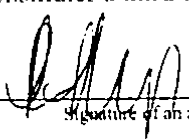
Manager Name:
Member Address:
Authorized
Person
Other ☐ Other

☐ 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.

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)

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

REBECCA NERYS

Typed or printed name of signee

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EUROPINE LVT DISTRIBUTORS 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 EIGHTEENTH DAY OF JUNE, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EUROPINE LVT DISTRIBUTORS LLC" WAS FORMED ON THE SIXTH DAY OF JUNE, A.D. 2019.

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

2020 JUN 18 1:53




Jeffrey W. Bullock, Secretary of State

7455954 8300

SR# 20205774280

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203138458

Date: 06-18-20