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CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 349950 158753A

AUTHORIZATION : 

COST LIMIT : \$ 125.00

ORDER DATE : July 13, 2020

ORDER TIME : 10:36 AM

ORDER NO. : 349950-010

CUSTOMER NO: 158753A

FOREIGN FILINGS

NAME: TAQUERIA LOS FELIX LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Robinson -- EXT# 62968

EXAMINER: _____

**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 Taqueria Los Felix 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

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

3. _____
(FEI number, if applicable)

5

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

3413 Main Highway, Coconut Grove

5. Family History (pp. 1-108)

3413 Main Highway, Coconut Grove

6. _____

Miami, FL 33133

Miami FL 33133

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

Name: _____

www.ijerph.com | ISSN: 1660-4601 | DOI: 10.3390/ijerph16030750

Office Address:

Tallahassee, Florida 32301
(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.

Amanda E. Blinco
(Registered agent's signature)

Amanda Robinson
Asst. Vice President

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: Josh Hackler
 Member Address: 3413 Main Highway
 Authorized Person Coconut Grove
Miami, FL 33133
 Other _____ Other _____

Title or Capacity: **Name and Address:**

Manager Name: Sebastian Vargas
 Member Address: 3413 Main Highway
 Authorized Person Coconut Grove
Miami, FL 33133
 Other _____ Other _____

Manager Name: Harold Fort
 Member Address: 3413 Main Highway
 Authorized Person Coconut Grove
Miami, FL 33133
 Other _____ Other _____

Manager Name: _____
 Member Address: _____
 Authorized Person _____
 Other _____ Other _____

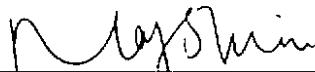
Manager Name: _____
 Member Address: _____
 Authorized Person _____
 Other _____ Other _____

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.

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

May Shim

Typed or printed name of signee

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TAQUERIA LOS FELIX 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 THIRTEENTH DAY OF JULY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TAQUERIA LOS FELIX LLC" WAS FORMED ON THE TENTH DAY OF JULY, A.D. 2020.

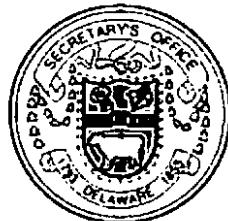
AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

CG

3221826 8300

SR# 20206196933

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



A handwritten signature in black ink that reads "JWB". Below the signature, the text "Jeffrey W. Bullock, Secretary of State" is printed in a smaller font.

Authentication: 203272215

Date: 07-13-20