

M2000007073

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

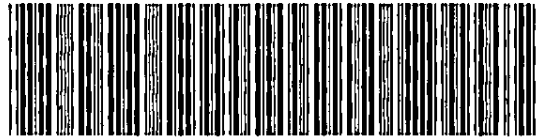
Special Instructions to Filing Officer:

emailed cert 8/14/20

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Office Use Only



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5/13/20
8/18/20

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SANTANA COMERCIO EXTERIOR LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

LUISA Y. REYES
Name of Person
STEMAR SERVICES, LLC
Firm/Company
3526 W 80TH STREET, UNIT 101
Address
HIALEAH FL 33018
City/State and Zip Code
yumirag@stemarservices.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Luisa Y. Reyes at (786) 554-9240
Name of Contact Person Area Code Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$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

2020 APR 14 AM 10:17

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. SANTANA COMERCIO EXTERIOR, 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. NEW JERSEY 3. 32-0614273
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 07/27/2020
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 8140 NW 74th Ave #1 6. 8140 NW 74th Ave #1
(Street Address of Principal Office) (Mailing Address)
Medley, FL 33166 Medley, FL 33166

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

Name: STEMAR SERVICES, LLC
Office Address: 3526 W 80th STREET, UNIT 101
HIALEAH, Florida 33018
(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.

[Signature]
(Registered agent's signature)

2020 AUG 14 AM 10:17

Signature: Jose Carlos Santana
Jose Carlos Santana (Jul 24, 2020 15:57 ADT)
Email: sales@upmoving.com

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 checked="" type="checkbox"/> Manager	Name: <u>JOSE C. SANTANA</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>402 PALISADE AVE.</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>CLIFFSIDE PARK, NJ 07010</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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.

Jose Carlos Santana

Signature of an authorized person

JOSE C. SANTANA

Typed or printed name of signee



STATE OF NEW JERSEY BUSINESS REGISTRATION CERTIFICATE

Taxpayer Name: SANTANA COMERCIO EXTERIOR LLC

Trade Name:

Address: 402 PALISADE AVE
CLIFFSIDE PARK, NJ 07010

Certificate Number: 2402078

Effective Date: November 25, 2019

Date of Issuance: July 24, 2020

For Office Use Only:

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NEW JERSEY DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES

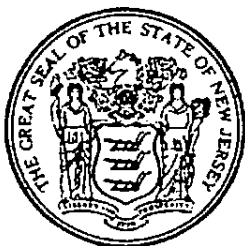
CERTIFICATE OF FORMATION
SANTANA COMERCIO EXTERIOR LLC
0450439190

The above-named DOMESTIC LIMITED LIABILITY COMPANY was duly filed in accordance with New Jersey State Law on 11/22/2019 and was assigned identification number 0450439190. Following are the articles that constitute its original certificate.

1. **Name:**
SANTANA COMERCIO EXTERIOR LLC
2. **Registered Agent:**
JOSE CARLOS SANTANA
3. **Registered Office:**
402 PALISADE AVE
CLIFFSIDE PARK , NEW JERSEY 07010
4. **Business Purpose:**
SHIPPING AGENT, FORWARDING AGENT +
5. **Effective Date of this Filing is:**
11/22/2019
6. **Main Business Address:**
402 PALISADE AVE
CLIFFSIDE PARK , NEW JERSEY 07010

Signatures:

JOSE CARLOS SANTANA
AUTHORIZED REPRESENTATIVE



Certificate Number : 4091289440

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JP/Verify_Cert.jsp

IN TESTIMONY WHEREOF, I have
hereunto set my hand and
affixed my Official Seal
22nd day of November, 2019

A handwritten signature in black ink, appearing to read "Elizabeth Maher Muoio".

Elizabeth Maher Muoio
State Treasurer

2020 Nov 14 AM 10:17

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING**

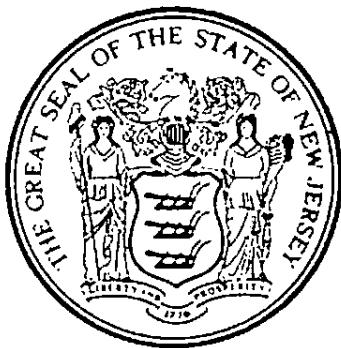
SANTANA COMERCIO EXTERIOR LLC
0450439190

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on November 22, 2019.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

JOSE CARLOS SANTANA
402 PALISADE AVE
CLIFFSIDE PARK, NJ 07010



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
14th day of August, 2020*

Elizabeth Maher Muoio
State Treasurer

Certificate Number : 6110153201

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

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