

Florida Department of State

Division of Corporations
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To:

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

From:

Account Name : GONZALEZ & ASSOCIATES III PA
Account Number : I20190000077
Phone : (954)773-7286
Fax Number : (954)526-8825

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

Email Address: agonzalez@amefinancialgroup.com

Foreign Limited Liability Company
SION LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SION 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:

ANTONIO GONZALEZ

Name of Person

GONZALEZ & ASSOCIATES III PA

Firm/Company

1820 N CORPORATE LAKES BLVD STE 107

Address

WESTON, FL 33326

City/State and Zip Code

AGONZALEZ@AMEFIANCIALGROUP.COM

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

For further information concerning this matter, please call:

ANTONIO GONZALEZ

Name of Contact Person

954

at ()

Area Code

773-7286

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

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

SION I, 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. WYOMING SECRETARY OF STATE 3. 61-1970192
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 08/27/2020
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 7021 NW 5th STREET 6. 7021 NW 5th STREET
(Street Address of Principal Office) (Mailing Address)
PLANTATION, FL 33317 PLANTATION, FL 33317

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

Name: GONZALEZ & ASSOCIATES III PA

Office Address: 1820 N CORPORATE LAKES BLVD STE 107

WESTON, Florida 33326
(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)

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CLERK OF DISTRICT COURT
NINTH JUDICIAL CIRCUIT
FLORIDA

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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: DANIEL DAVILA	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: 7021 NW 5th STREET	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	PLANTATION, FL 33317	<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: ANA C. DAVILA	 <input type="checkbox"/> Manager	 Name: _____
<input checked="" type="checkbox"/> Member	Address: 7021 NW 5th STREET	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	PLANTATION, FL 33317	<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.



 Signature of authorized person
 DANIEL DAVILA

 Typed or printed name of signer

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**STATE OF WYOMING * SECRETARY OF STATE
EDWARD A. BUCHANAN
BUSINESS DIVISION**

Herschler Bldg East, Ste. 100 & 101, Cheyenne, WY 82002-0020

Phone 307-777-7311

Website: <https://sos.wyo.gov> · Email: business@wyo.gov

**Validation of Certificate of Good Standing for
Certificate Issued 09/02/2020**

Validation Certificate Generated: September 2, 2020

Certificate number 038872941 is a valid number for a certificate of good standing issued by the Wyoming Secretary of State's office for **L & G Investment One LLC**, a **Limited Liability Company** formed or qualified under the laws of Wyoming on **07/01/2020**.