M20000009129

(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #)
(Address)
(Address)
(Address)
(City/State/7in/Phone #)
(City/State/7in/Phone #)
(Oit) Otate 2 pri none n
PICK-UP WAIT MAIL
(Business Entity Name)
(200)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
İ
ļ
}

Office Use Only



500353338435

10/08/20--01006--013 **160.00

64:8:17 8-19 147

52/14/20

COVER LETTER

TO:	Registration Section Division of Corporations					
SHRIF	Registration of a Nevada lii	mited liability company to do business in Florida				
SUBJECT: Name of Limited Liability Company						
		mited Liability Company for Authorization to Transact Business in Florida gister the above referenced foreign limited liability company to transact bus				
Please r	eturn all correspondence concern	ing this matter to the following:				
	Peter B. Hirshfield					
		Name of Person	-			
	Hirshfield Law					
		Firm/Company				
	5561 Sonoma Mountai	in Road				
		Address	_			
	Santa Rosa, California 95404					
		City/State and Zip Code	_			
	phirshfield@hirshfieldla	aw.com				
	E-mai	il address: (to be used for future annual report notification)	_			
For furt	her information concerning this n	natter, picase call:				
Peter B Hirshfield		at () 376-3933 at () Daytime Telephone Number	27.6			
	Name of Conta	net Person Area Code Daytime Telephone Number				
Mailing Address:		Street Address:	1 20			
	Registration Section	Registration Section				
	Division of Corporations	Division of Corporations				
P.O. Box 6327		The Centre of Tallahassee	÷.			
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	۲			
		owing amount: FLORIDA DEPARTMENT OF STATE #30.00 Filing Fee & S155.00 Filing Fee & F160.00 Filing Fee Certificate of Status Certified Copy of Status & Co				

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:

name imavailable, enter alternate na	me adopted for the purpose of transacting business in Flo	rida. The alternate name must include "Eumited Liability Co	mpany," "L.L.C," or "Ll
Nevada		47-4055377	
	ich foreign limited liability company is organized)	3. (FEI number, it app	Legista)
THE PROPERTY OF THE LAW OF WISE	ter foreign manied maning company is organized	(i to unitarity a up)	icaoic _j
Not yet			
	(Date first transacted business in Florida, if prior to re (See sections 605,0904 & 605,0905, F.S. to determin	gistration.)	
8180 NW 36 Street, Sui		C/O Peter B Hirshficold	
eet Address of Principal Office)		6. (Mailing Address)	
Doral, FL 33166		5561 Sonoma Mountain Road	
		Santa Rosa, California 95404	
Name and street address	of Florida registered agent: (P.O. Box	NOT acceptable)	2379.0
Name:	Kaba Ław Group, P.L.L.C.		1 53
	8180 NW 36 Street, Suite 420		
Office Address:			æ
	Doral	33166	6.1.3
	(City)	, Florida Zip code)	<u> </u>
	(Unly)	(Alp code)	

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:	Title or Capacity:	Name and Address:
■Manager	Name: Moises Kaba III	□Manager	Name: Hernando A. Cruz
□Member	Address: 8180 NW 36 Street, Suite 420	■Member	Address: 4301 S Flamingo Rd
□Authorized	Doral, FL 33166	□Authorized	Suite 106-210
Person		Person	Davie, FL 33330
□Other	Other	☐ Other	Other
□Manager	Name: Howard D. "Mickey" Mcgill	□Manager	Name:
■Member	Address: 514 Holcolm Avenue	□Member	Address:
□Authorized	Mobile, AL 36606	□Authorized	
Person		Person	
□Other	□Other	□Other	Other
□Manager	Name: Peter B Hirshfield	□Manager	Name:
■Member	Address: 5561 Sonoma Mountain Road	□Member	Address: 52 52 52 52
□Authorized	Santa Rosa, CA 95404	□Authorized	žė (*
Person		Person	
□Other	Other	□Other	Other . :
			중

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.

Docusigned by: Morbile Kata ESBETEEBBRACATO	10/2/2020					
Signature of an authorized person						
Kaba Law Group, P.L.L.C., By: Moises Kaba	III					

Typed or printed name of signee

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **CRUZFIELD LLC**, as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 05/20/2015, and is in good standing in this state.

Certificate Number: B202009141071170

You may verify this certificate online at http://www.nvsos.gov

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 09/14/2020.

Barbara K. Cegavske
BARBARA K. CEGAVSKE
Secretary of State