M20000009135

(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: 10/12 Pecerved Corrected paperwork
10/19
Wa-114908

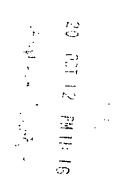
Office Use Only



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COVER LETTER

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	GRUPO CUATRO I HOLDINGS				_	
	ranc	e of Limited Liability Co	ompany			
ie enclosed listence, and	"Application by Foreign Limited Liability C d check are submitted to register the above r	Company for Authorizati referenced foreign limite	ion to Transact Business d liability company to tr	in Florida ansact bus	a," Ce siness	ertifica s in Fl
ease return	all correspondence concerning this matter to	o the following:				
	SUSANA CHEMEN					
		Name of Person				
	SUSIE CHEMEN CONSULTING LL	C				
		Firm/Company			_	
	20533 BISCAYNE BLVD. SUITE 13.	26				
		Address			_	
	AVENTURA, FL. 33180					
	С	ity/State and Zip Code				
	SUCHEMEN@HOTMAIL.COM					
	E-mail address: (to be	used for future annual r	report notification)		_	
or further in	formation concerning this matter, please cal	II:				
SUS	SANA CHEMEN	305	4696873	,	20	
	Name of Contact Person	at (Daytime Telephone	Number .	- 00	
Mailing Address:		Street Address:	and and		12	:: :n: :D
Registration Section		Registration Section Division of Corporations		,		, 17
Division of Corporations P.O. Box 6327		The Centre of Tallahassee			<u>=</u>	$\overline{\Box}$
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810				
		Tallahassee, Fl	_ 32303	્બંદે -	<u>ත</u>	
	losed is a check for the following amount:					

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTEN THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign	LDING 5 \ \\ \C Limited Liability Company, must include "Limite	d Liabilit	y Company, ""L.L.C.," or "LL.C.")			
(It name unavailable, enter alternate r	name adopted for the purpose of transacting business in F	lisida The	alternate name must include "I imited Liab	ality Company	s,""LLC	." or "1.1.C
DELAWARE 2.		3				
(Jurisdiction under the law of w	hich foreign limited hability company is organized)	,,,	il El III	, (l'applicable	1	
4						
	(Date first transacted business in Florida, if prior to (See sections 605,090) & 605,0905, F.S. to determ	registratio me penalty	n.) Hability)			
6365 COLLINS AV. SUITE 811			6365 COLLINS AV. SUITE			
5. (Street Address of Principal Office)		U.	(Mailing Address)			
MIAMI BEACH, FL 3	3141		MIAMI BEACH, FL 33141			
_				- Tar 12	20	
7. Name and street address	ss of Florida registered agent: (P.O. Box	NOT	acceptable)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0CT 12	- ,
Name:	SUSANA CHEMEN				PH -	ED D
Office Address:	20533 BISCAYNE BLVD. SUITE 132			ر. در. وفتیت	PH II: 16	
	AVENTURA		33180 , 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)

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): Name and Address: Title or Capacity: Name and Address: Title or Capacity: SEBASTIAN ROMERO Name: _____ Manager Manager Address: ___ □Member □Member Address: SUITE 811 □ Authorized □ Authorized MIAMI BEACH, FL. 33141 Person Person MOTHER MANAGER Other_____ □Other ☐Other_____ Name: □ Manager □ Manager Name: ______ □Member Address: ____ Address: ☐ Member □ Authorized □ Authorized Person Person Other 🗢 Other _____ Other □Other □Manager Name: Name: _____ □Manager □ Member Address: ■ Member Address: □ Authorized □ Authorized Person Person □Other_____ Other____ Other____ □Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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. SEBASTIAN ROMERO

Typed or printed name of signer

<u>Delaware</u>

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "GRUPO CUATRO HOLDINGS 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 TWENTY-THIRD DAY OF SEPTEMBER, A.D. 2020.

Authentication: 203716583

Date: 09-23-20

3709003 8300 SR# 20207387788



October 7, 2020

SUSANA CHEMEN SUSIE CHEMEN CONSULTING LLC 20533 BISCAYNE BLVD, SUITE 1326 AVENTURA, FL 33180 US

SUBJECT: GRUPO CUATRO HOLDINGS LLC

Ref. Number: W20000114908

We have received your document for GRUPO CUATRO HOLDINGS LLC and check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Laura D Chang Regulatory Specialist II

10/12 Received Corrected paper work

Letter Number: 120A00019513