m20000010543

(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:

Received
06/16

Office Use Only S.C.
06/17/21

100361630291

03/24/21--01014--004 **25.00

FILED
2021 JUN 16 A 11:24

FLORIDA DEPARTMENT OF STATE
Division of Corporations

2021 JUN 16 AM 11:07

May 12, 2021

EVELYN CORREA
2360 W. 9TH ST.
APT 4
MIAMI, FL 33010

SUBJECT: WISE DEBT SOLUTION LLC
Ref. Number: M20000010543

We have received your document for WISE DEBT SOLUTION LLC and your check(s) totaling $25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LLC, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Summer Chatham
OPS

Letter Number: 521A00010001

FILED
2021 JUN 16 A 11:24

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WISE DEBT SOLUTION LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

EVELYN CORREA
Name of Person

CORREA ACCOUNTING INMIGRATION AND TRAVEL AGENCY
Firm/Company

2360 W 9TH CT APT 4
Address

HIALEAH, FL 33010
City/State and Zip Code

CORREAAB2018@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EVELYN CORREA at (786) 516-8364
Name of 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

2021 JUN 16 A 11:24

Enclosed is a check for the following amount:

■ $25 Filing Fee ☐ $30 Filing Fee & Certificate of Status ☐ $55 Filing Fee & Certified Copy ☐ $60 Filing Fee, Certificate of Status & Certified Copy

CR2E055 (9/15)

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of State: WISE DEBT SOLUTION LLC

Enter new principal office address, if applicable: _____

(Principal office address MUST BE A STREET ADDRESS) _____

_____

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX) _____

_____

2. The Florida document number of this limited liability company is: M20000010543

3. Jurisdiction of its organization: FLORIDA

4. Date authorized to do business in Florida: 11/16/2020

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

_____
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____
Enter Florida Street Address

_____, **Florida** _____
City *Zip Code*

FILED
2021 JUN 16 A 11:26

New Registered Agent's Signature, if changing Registered Agent:
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 as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

_____
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

_____

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

_____

Title/ Capacity	Name	Address	Type of Action
AMBR	EVELYN CORREA	2360 W 9TH CT APT 4	■Add
		HIALEAH, FL 33010	☐Remove
			☐Add
			☐Remove
			☐Add
			☐Remove
			☐Add
			☐Remove
			☐Add
			☐Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

DocuSigned by:

_____

Signature of the authorized representative

ERNESTO FEDERICO CONTRERAS

_____

Typed or printed name of signee

Filing Fee: $25.00

DocuSign

Certificado de finalización

Identificador del sobre: 9142C061FF484753A946199021BC79D6
Estado: Completado
Asunto: Aplicar DocuSign a: Amendment.pdf
Sobre de origen:
Paginas del documento: 4 | Firmas: 1
Páginas del certificado: 1 | Iniciales: 0
Firma guiada: Activado
Sello del identificador del sobre: Activado
Zona horaria: (UTC-06:00) Hora central (Estados Unidos y Canadá)

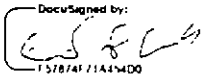
Autor del sobre:
EVELYN CORREA
2360 W 9th Ct Apt 4
2360 W 9th Ct Apt 4
Hialeah, FL 33010
evelyncorrea092582@gmail.com
Dirección IP: 12.200.33.2

Seguimiento de registro

Estado: Original
04/06/2021 13:10:58

Titular: EVELYN CORREA
evelyncorrea092582@gmail.com

Ubicación: DocuSign

Eventos de firmante	Firma	Fecha y hora
ERNESTO FEDERICO CONTRERAS BILLING@WISEDEBTSOLUTION.COM Nivel de seguridad: Correo electrónico, Autenticación de cuenta (ninguna)	DocuSigned by:  T578741713434D0	Enviado: 04/06/2021 13:11:33 Visto: 04/06/2021 13:26:25 Firmado: 04/06/2021 13:27:00

Adopción de firma: Dibujada en dispositivo
Utilizando dirección IP: 186.168.85.209
Firmado con un dispositivo móvil

Información sobre confidencialidad de registros y firmas electrónicos:
No ofrecido a través de DocuSign

Eventos de firmante en persona	Firma	Fecha y hora
Eventos de entrega al editor	**Estado**	**Fecha y hora**
Eventos de entrega al agente	**Estado**	**Fecha y hora**
Eventos de entrega al intermediario	**Estado**	**Fecha y hora**
Eventos de entrega certificada	**Estado**	**Fecha y hora**
Eventos de copia de carbón	**Estado**	**Fecha y hora**
Eventos del testigo	**Firma**	**Fecha y hora**
Eventos de notario	**Firma**	**Fecha y hora**

Eventos de resumen de sobre	Estado	Marcas de tiempo
Sobre enviado	Con hash/cifrado	04/06/2021 13.11:33
Certificado entregado	Seguridad comprobada	04/06/2021 13:26:25
Firma completa	Seguridad comprobada	04/06/2021 13:27:00
Completado	Seguridad comprobada	04/06/2021 13:27:00

Eventos del pago	Estado	Marcas de tiempo