

M 210000001072

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

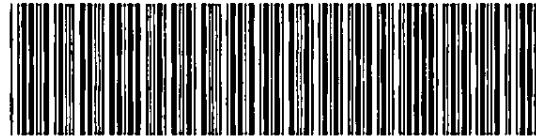
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W 210000003781

Office Use Only



900355795819

01/08/21--01019--003 \*\*105.00

01/27/21--01011--001 \*\*25.00

FILED  
2021 JAN 27 PM 3:22  
SECRETARY OF STATE  
TALLAHASSEE, FL

US  
1/27/21



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 13, 2021

ELKE  
5730 SW 74 STREET  
SUITE 700  
MIAMI, FL 33143

SUBJECT: GEPAX GROUP LLC  
Ref. Number: W21000003781

We have received your document for GEPAX GROUP LLC and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$25.00. *Attached*

*Attached ✓*  
A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6051.

Yvette Scott  
Document Specialist II

Letter Number: 021A00000867

*Responded on 1/19/21  
which is attached*

RECEIVED  
JAN 25 2021

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: GEPAX GROUP 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:

Elke

Name of Person

Blanck & Cooper, P.A.

Firm/Company

5730 SW 74 Street, Suite 700

Address

Miami, Florida 33143

City/State and Zip Code

gmoreno@mgplogistics.com

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

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SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

For further information concerning this matter, please call:

Elke

305

663-0177

at ( )

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

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. GEPAX GROUP LLC

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

2. DELAWARE

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 30-0811166

(FEI number, if applicable)

4. 12/30/20

(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0903, F.S. to determine penalty liability)

5. 12550 Biscayne Blvd., Suite 406

(Street Address of Principal Office)

6. same as principal address

(Mailing Address)

Miami, Florida 33181

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

Name:

German Moreno

Office Address:

12550 Biscayne Blvd.

Miami

(City)

, Florida 33181

(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)

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TALLAHASSEE, FL

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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 checked="" type="checkbox"/> Manager	Name: German Moreno	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 12550 Biscayne Blvd., Suite 406	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Miami, Florida 33181	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input checked="" type="checkbox"/> Manager	Name: Pablo Ezequiel Laviola	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 12550 Biscayne Blvd. Suite 406	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Miami, Florida 33181	<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: Carmen Elizabeth Castro	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 12550 Biscayne Blvd. Suite 406	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Miami, Florida 33181	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input checked="" type="checkbox"/> Other Secretary	<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.

X   
\_\_\_\_\_  
Signature of an authorized person  
German Moreno  
\_\_\_\_\_  
Typed or printed name of signer

SECRET  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FL

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# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "GEPAX GROUP 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 FOURTH DAY OF DECEMBER, A.D. 2020.

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SECRETARY OF STATE  
TALLAHASSEE, FL



5493332 8300

SR# 20208559442

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 204236570

Date: 12-04-20