

M21000001340

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PWG Consulting 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:

William E Cruz

Name of Person

PWG Consulting LLC

Firm/Company

3518 Cherry Hill Drive

Address

Orlando, FL 32822

City/State and Zip Code

wcruz@pwgpr.com

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

For further information concerning this matter, please call:

William E Cruz

352

536-0135

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

2. San Juan, Puerto Rico
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FEI number, if applicable)

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

5. 151 Calle De Sanfrancisco Suite 200 #5171
(Street Address of Principal Office)

6. 3518 Cherry Hill Drive
(Mailing Address)

San Juan, PR 00907

Orlando, FL 32822

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

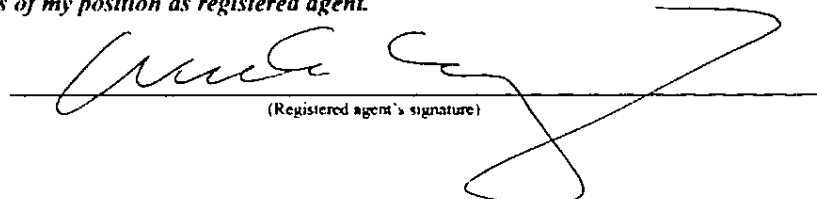
Name: William E Cruz

Office Address: 3518 Cherry Hill Drive

Orlando, Florida 32822
(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]:

Title or Capacity: **Name and Address:**

☐ Manager Name: William E Cruz

☒ Member Address: 3518 Cherry Hill Drive

☐ Authorized Orlando, Fl 32822

Person

☐ Other ☐ Other

Title or Capacity: **Name and Address:**

☐ Manager Name: George L Cruz

☒ Member Address: 1485-1 Avenida Ashford

☐ Authorized Apt 18D San Juan, PR 00907

Person

☐ Other ☐ Other

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person

☐ Other ☐ Other

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person

☐ Other ☐ Other

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person

☐ Other ☐ Other

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

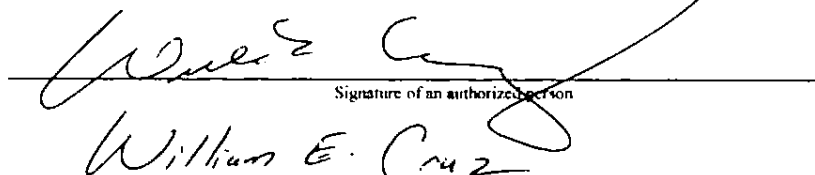
Person

☐ Other ☐ 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 an authorized person

William E. Cruz
Typed or printed name of signee

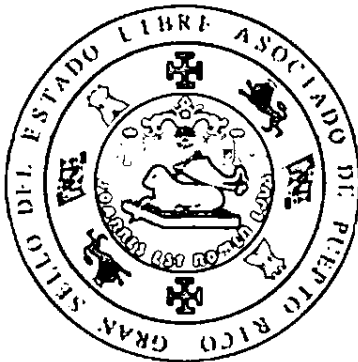


Gobierno de Puerto Rico

CERTIFICADO DE CUMPLIMIENTO ("GOOD STANDING")

Yo, **Lawrence N. Seilhamer Rodríguez**, Secretario de Estado del Gobierno de Puerto Rico,

CERTIFICO: Que, a tenor con la Ley General de Corporaciones de Puerto Rico, **PWG CONSULTING LLC**, registro número **393844**, una Compañía de Responsabilidad Limitada **doméstica con fines de lucro** organizada bajo las leyes de Puerto Rico el **08 de abril de 2017**, ha cumplido con el pago de los Derechos Anuales.



EN TESTIMONIO DE LO CUAL, firmo el presente y hago estampar en él el Gran Sello del Gobierno de Puerto Rico, en la ciudad de San Juan, Puerto Rico, hoy, **04 de enero de 2021**.

Lawrence N. Seilhamer Rodríguez
Secretario de Estado

Para validar este certificado acceda a:

<http://estado.pr.gov/>

Este certificado es válido por un (1) año a partir de la fecha de su expedición (Reglamento 8688, Art. 26). Sin embargo, está sujeto al fiel cumplimiento de las disposiciones del Capítulo XV y Capítulo XXI de la Ley 164-2009, según aplique.

Número de Validación del Certificado: **377279-92639415**



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 14, 2021

WILLIAM E CRUZ
3518 CHERRY HILL DRIVE
ORLANDO, FL 32822 US

SUBJECT: PWG CONSULTING LLC
Ref. Number: W21000004231

We have received your document for PWG CONSULTING LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

Sharon D Franklin
Regulatory Specialist II

Letter Number: 621A00000962

RECEIVED
JAN 29 2021