

ma10000015/2

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

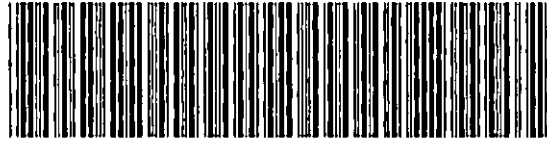
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



200358983922

02/02/21--01011--016 \*\*150.00

21 FEB-2 11:57

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** SILVINO'S PORK, RINDS AND MORE 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:

JOSE L DIAZ PALAFOX

Name of Person

SILVINO'S PORK, RINDS AND MORE LLC

Firm/Company

621 STALLINGS RD. SUITE D

Address

MATTHEWS, NC 28104

City/State and Zip Code

SOLYSMX@LIVE.COM.MX

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

For further information concerning this matter, please call:

MARIA SOLEDAD MUÑOZ

at 704 712-6802

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. SILVINO'S PORK, RINDS AND MORE 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. NORTH CAROLINA

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

3. 36-4899774

(FEI number, if applicable)

4. 01/29/2021

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

5. 621 STALLINGS RD

(Street Address of Principal Office)

6. 621 STALLINGS RD

(Mailing Address)

SUITE D

SUITE D

MATTHEWS, NC 28104

MATTHEWS, NC 28104

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

Name: JOSE L DIAZ PALAFOX

Office Address: 105 S FIRTS ST

IMMOKALEE

(City)

, Florida

34142

(Zip code)

tered agent's acceptance:

*I have been named as registered agent and to accept service of process for the above stated limited liability company at the place stated 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 the obligations of my position as registered agent.*

Jose Luis Diaz

(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: JOSE L DIAZ PALAFOX

☒ Member                      Address: 621 STALLINGS RD

☐ Authorized                      SUITE D

MATTHEWS, NC 28104

Person

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☐ Manager                      Name: \_\_\_\_\_

☐ Member                      Address: \_\_\_\_\_

☐ Authorized                      \_\_\_\_\_

Person

Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

Manager                      Name: \_\_\_\_\_

Member                      Address: \_\_\_\_\_

Authorized                      \_\_\_\_\_

Person

er \_\_\_\_\_                      ☐ Other \_\_\_\_\_

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

☐ Manager                      Name: MARIA S MUNOZ

☒ Member                      Address: 621 STALLINGS

☐ Authorized                      SUITE D

MATTHEWS, NC 28104

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-1 individuals may be added to the index when filing your Florida Department of State Annual Report form.

hed is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the ion under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath nslator must be submitted)

document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information l in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Jose Luis Diaz  
Signature of an authorized person

JOSE L DIAZ PALAFOX

Typed or printed name of signee



# NORTH CAROLINA

## Department of the Secretary of State

---

### CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

#### **SILVINO'S PORK, RINDS AND MORE LLC**

is a limited liability company duly formed, and existing under the laws of the State of North Carolina, having been formed on 8th day of May, 2018

I FURTHER certify that, as of the date of this certificate, (i) the said limited liability company is not dissolved under the terms of its articles of organization, (ii) the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina, (iii) that said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act, (iv) that this office has not filed any decree of judicial dissolution, articles of dissolution, articles of merger, or articles of conversion for said limited liability company.



Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 13th day of January, 2021.

*Elaine F. Marshall*

Secretary of State