

Electronic Filing Menu Corporate Filing Menu

Help

## COVER LETTER

TO: **Registration Section Division of Corporations** 

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## EX NIHILO ENTERPRISES, LLC. Name of Limited Liability Company SUBJECT:

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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.

EX NIHILO ENTER	RPRISES, LLC.
	Firm/Company
<u> </u>	
	Address
Lakeland, FL 33802	
	City/State and Zip Code
exnihilo ent@outlook	com
exnihilo_ent@outlook E-mail address (to	.com be used for future annual report notification)
exnihilo_ent@outlook E-mail address (to r information concerning this matter, please c	
	call.
r information concerning this matter, please of Name of Contact Person   Name of Contact Person   Lailing Address:	call. at ()Area Code — Daytime Telephone Number Street Address:
r information concerning this matter, please of Name of Contact Person <u>Tailing Address:</u> Registration Section	at ()
r information concerning this matter, please of Name of Contact Person <u>Tailing Address:</u> Registration Section Division of Corporations	at ()
r information concerning this matter, please of Name of Contact Person <u>Tailing Address:</u> Registration Section Division of Corporations P.O. Box 6327	at () Area Code — Daytime Telephone Number <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee
r information concerning this matter, please c	at () Area Code — Daytime Telephone Number <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
r information concerning this matter, please of Name of Contact Person <u>failing Address:</u> Registration Section Division of Corporations P.O. Box 6327	at () Area Code — Daytime Telephone Number <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee

## 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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

		n Florida. The alternate name must include "Limite	e chaothaig company, 220, 5
Delaware	hich foreign limited liability company is organized)	3. <u>86-1566192</u>	umber, if applicable
Upon Filing	(Date first transactico business in morida, if pri (See sections 605 0904 & 605 0905, F.S. to de	to registration / rmine penalty liability)	
1732 Roanok	e Avenue	6 P.O. Box 313	
Address of Frincipal Office)		6. <u>P.O. Box 313</u> (Mailing Address)	
			20
Lakeland, FL	33803	Lakeland, FL 3	3802
		i	
ime and <u>street addres</u>	<u>s</u> of Florida registered agent. (P.O. I	ox <u>NOT</u> acceptable)	- 🟹
Name.	Corporation Service C	ompany	<u>ل</u> : با
Office Address	_1201 Hays Street		
	Tallahassee	. Florida <u>3230</u> (Zip code	)1
	(Cay)	(Zip rode	;

Corporation Service Company	Marine La conservation
(Registered agent's suprature)	

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:	<u>Title or Capacity:</u>	Name and Address:
×Manager	Name. Caleb Mailly	□Manager	Name. PABLO SOLOGAISTOA
□Member	Address. 3940 Ewell Road	N:Member	Address. PO BON 313
Authorized	Lakeland, FL 33811	□Authonzed	LAKELAND, FL 33802
Person		Person	
Other	Other	00ther	Other
□Manager	Name	□Manager	Name
□Member	Address.	□ Member	Address.
□Authorized		Authorized	
Person		Person	702
□Other	COther	⊡Other	①Other
			: · `
□Manager	Name	Manager	Name
□Member	Address.	⊡Member	Address
□Authorized		□Authorized	
Person		Person	
[]Other		⊡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) anguage, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 645 0253 (1) (b). Florida Statutes. I am aware that any false information submitted in a document to the Department of State constituted, third degree felony as provided for in s.817.155, F.S.

Signature of an authorized person

Pablo Sologaistoa

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EX NIHILO ENTERPRISES, 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 FIRST DAY OF FEBRUARY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EX NIHILO ENTERPRISES, LLC" WAS FORMED ON THE SEVENTH DAY OF JANUARY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

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Secretary of Mida

Authentication: 202415408 Date: 02-01-21

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5R# 20210292633 You may verify this certificate online at corp.delaware.gov/authver.shtml