

M210000001740

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

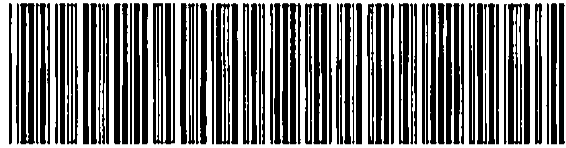
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800359271128

02/05/21--01012--024 **125.00

FILED
2021 FEB -5 PM 2:14
SECRETARY OF STATE
TALLAHASSEE, FL

2/5/21 ✓

COVER LETTER

TO: Registration Section
Division of Corporations

Casa Piquin LLC

SUBJECT: _____
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:

Ivan Lopez

_____	Name of Person
Casa Piquin LLC	
_____	Firm/Company
2239 Kingscrest Cir	
_____	Address
Apopka Florida 32712	
_____	City/State and Zip Code
mexiylt@aol.com	

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

FILED
2021 FEB -5 PM 2:14
SECRETARY OF STATE
TALLAHASSEE, FL

For further information concerning this matter, please call:

Ivan Lopez	914	400-6665
_____	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:**

Casa Piquin Ilc

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

If alternate 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."
New Jersey 453-308-480

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

3. (FEI number, if applicable)

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

2239 Kingscrest Cir Apopka Florida 32712

2239 Kingscrest Cir Apopka Florida 32712

(Street Address of Principal Office)

6. (Mailing Address)

FILED
2024 FEB -5 PM 2:14
CLERK OF STATE
TALLAHASSEE, FL

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

Ivan Lopez

Name:

2239 Kingscrest Cir

Office Address:

Apopka

32712

(City)

Florida

(Zip code)

Registered 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 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]:

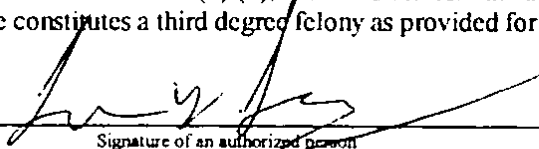
<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Ivan Lopez</u> <u>2239 Kingcrest Cir Apopka FL 32712</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
Member	Address: _____	<input type="checkbox"/> Member	Address: _____
Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
Member	Address: _____	<input type="checkbox"/> Member	Address: _____
Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
Member	Address: _____	<input type="checkbox"/> Member	Address: _____
Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

FILED
2021 FEB - 5 PM 2:14
SECRETARY OF STATE
TALLAHASSEE, FL

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-individuals may be added to the index when filing your Florida Department of State Annual Report form.

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 by a translator must be submitted)

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information provided 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

Ivan Lopez

Typed or printed name of signee

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING

CASA PIQUIN LLC
0400441775

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on September 19, 2011.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

IVAN LOPEZ
537 BLOOMFIELD AVE
MONTCLAIR, NJ 07042



IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
1st day of February, 2021

A handwritten signature in cursive script, appearing to read "Elizabeth Maher Muoio".

Elizabeth Maher Muoio
State Treasurer

Certificate Number : 6115289733

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING

FILED
2021 FEB -5 PM 2:14
SECRETARY OF STATE
TREASURY