

112100000374

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

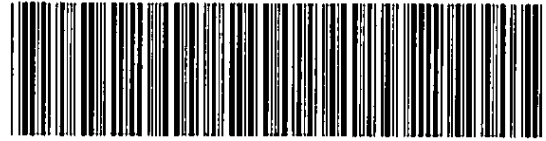
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/08/21--01037--023 **125.00

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Jaime Baquero

1556 Eastbrook Drive

Sarasota FL 34231

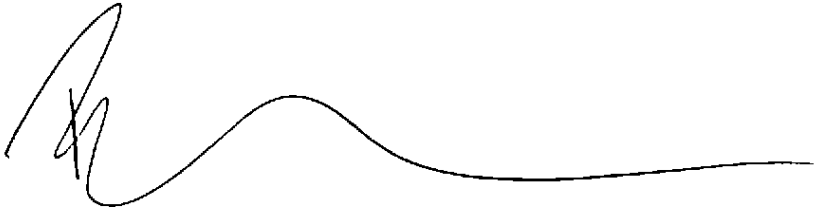
March 3, 2021

To Whom It May Concern,

I am the manager and only member of COLACO, LLC. This is an LLC currently in good standing in the state of NH. I am currently buying a property in FL under COLACO, LLC. Along with this letter I have attached the following document

1. State on NH Department of State Certificate of good standing
2. State of NH payment receipt
3. Florida Dept of State Division of Corporations application for foreign limited liability company to transact business in Florida.
4. \$125 dollars personal check

Thank you for your help.

A handwritten signature in black ink, appearing to be 'Jaime Baquero', with a long, sweeping horizontal line extending to the right.

Jaime Baquero

Member

COLACO, LLC

1556 Eastbrook drive

Sarasota FL 34231

603.978.4821

pinchobaquero@hotmail.com

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: COLACO 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:

JAIME BAQUERO
Name of Person

Firm/Company

1556 EASTBROOK DRIVE
Address

SARASOTA FL 34231
City/State and Zip Code

PINCHOBAQUERO@HOTMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAIME BAQUERO at (603) 9784821
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**

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. COLACO, 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. STATE OF NH
(Jurisdiction under the law of which foreign limited liability company is organized)

BUSINESS ID 698247
3. CHRYSLER NUMBER 0005275092
(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. 1556 EASTBROOK DRIVE
(Street Address of Principal Office)
SARASOTA FL
34231

6. 1556 EASTBROOK DRIVE
(Mailing Address)
SARASOTA FL
34231

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

Name: JAIME BAQUERO

Office Address: 1556 EASTBROOK DRIVE

SARASOTA

(City)

, Florida

34231

(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.

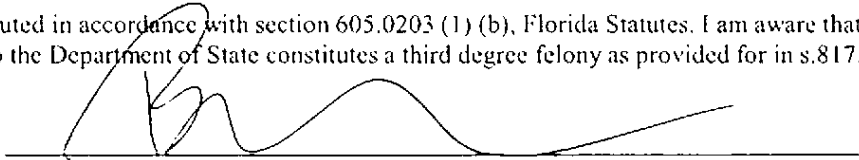
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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>JAIME BAQUERO</u>	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>1556 EASTERN DRIVE</u>	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	<u>SARISON FL 34231</u>	<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: _____	 <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	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: _____	 <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	_____
<input type="checkbox"/> Other _____	<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.



Signature of an authorized person

JAIME BAQUERO

State of New Hampshire

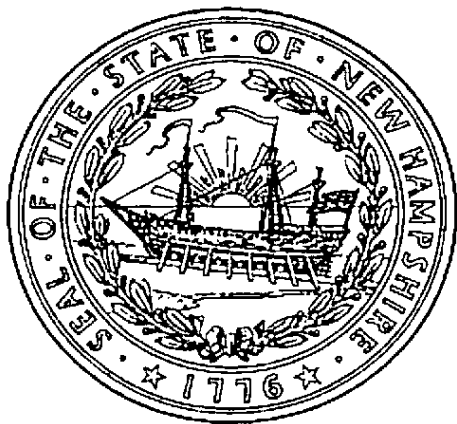
Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that COLACO, LLC is a New Hampshire Limited Liability Company registered to transact business in New Hampshire on September 27, 2013. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 698247

Certificate Number: 0005275092



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 3rd day of March A.D. 2021.

A handwritten signature in black ink, appearing to read "Wm Gardner".

William M. Gardner
Secretary of State



State of New Hampshire
Department of State
Payment Receipt



Work Order #: 20219980434504

Receipt Date/Time: 03/03/2021 09:12:00 AM

Payer Information:

Colaco, LLC
340 South Road
Rye Beach, NH, 03871, USA

Filer Information:

Colaco, LLC
340 South Road
Rye Beach, NH, 03871, USA

Payer Customer ID: 287766

Filer Customer ID: 287766

Payment Information:

Date	Payment Type	Payment Reference	Authorization #	Payment Status	Payment Amount
03/03/2021 09:12:00 AM	CR	CC#:#####5496	101748	Paid	\$7.00
Total Payment Received:					\$7.00

Transaction Description:

Transaction #	Description	Reference Information
20219980434504-000	Electronic Handling Charge	N/A
20219980434504-001	Certificate of Good Standing	Colaco, LLC

Transaction Information:

Date Received	Transaction #	Processing Status	Invoice Status	Amount
03/03/2021 09:12:00 AM	20219980434504-000	Accepted	Paid	\$2.00
03/03/2021 09:12:00 AM	20219980434504-001	Accepted	Paid	\$5.00
Total:				\$7.00

Drawdown Account Balance:	\$0.00	Total Due:	\$0.00
Credit Account Balance:	\$0.00	Total Refunded:	\$0.00
		Total Change To Credit Account Balance:	\$0.00