

N 210000004386

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

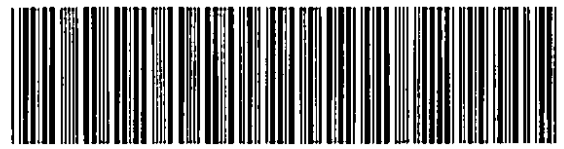
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W21000034163

Office Use Only



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02/24/21--01021--018 **130.00

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INDIANA STATE
SHERIFF

Handwritten signature

MILAFRI LLC

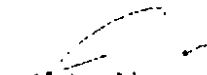
EIN: 32-0635340

3/25/2021

Good morning Yvette.

I am writing the letter of consent to let you know that we are not going to go ahead with the online filing that we did for a new Florida LLC, instead, we are going to use the foreign qualification letter we sent by physical mail. The address that I am seeing on the rejection letter is 313 s 21st avenue suite c hollywood florida 33020, that one is wrong. It is supposed to be 323 s 21st avenue suite c hollywood florida 33020.

Kind regards,


Matias Monastirsky
(Agent MILAFRI LLC)

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TALLAHASSEE
FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 14, 2021

MARCELO OLAND
313 S 21ST AVENUE
SUITE C
HOLLYWOOD, FL 33020

SUBJECT: MILAFRI LLC
Ref. Number: W21000034163

We have received your document for MILAFRI LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name you requested is unavailable, as it is being held for another entity pending corrections and resubmission.

An out-of-state corporation whose name is not available must adopt an alternate name for use in Florida. The alternate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp," "Inc.," "Co.," or "Corp." Please enter the alternate name in the space provided in number one of the application.

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.

Yvette Scott
Document Specialist II

Letter Number: 421A00005366

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SECRETARY OF STATE
CORPORATIONS DIVISION

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MILAPRI 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:

MARCELO CLAUD
Name of Person

MILAPRI LLC
Firm/Company

323 S 21ST AVENUE SUITE C
Address

HOLLYWOOD FLORIDA 33020
City/State and Zip Code

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

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CLERK OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

MARCELO CLAUD at (954) 505-3213
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. MILAPRI 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. DELAWARE
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 32-0635240
(FEI number, if applicable)

4. 2/10/2021
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 325 S 21st AVE SHEL
(Street Address of Principal Office)

6. SAME AS IMMEDIATE OFFICE
(Mailing Address)

1024 WOOD BROOKVA

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SECRETARY

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

Name: MEY PROFESSIONAL SERVICES INC

Office Address: SUITE 1054 717 LAKE

MILAPRI, Florida 33120
(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.

[Signature]
(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>MARLENE A OLIVIERO</u> | | <input checked="" type="checkbox"/> Manager | Name: | <u>ROSARIO A OLIVIERO</u> | |
| <input type="checkbox"/> Member | Address: | <u>323 S EAST AVE</u> | | <input type="checkbox"/> Member | Address: | <u>323 S EAST AVE</u> | |
| <input type="checkbox"/> Authorized Person | | <u>SUITE C</u> | | <input type="checkbox"/> Authorized Person | | <u>SUITE C</u> | |
| <input type="checkbox"/> Other | | <u>WILLOWOOD PARKWAY 33020</u> | | <input type="checkbox"/> Other | | <u>WILLOWOOD PARKWAY 33020</u> | |
| <input type="checkbox"/> Other | | | | <input type="checkbox"/> Other | | | |
| <input checked="" type="checkbox"/> Manager | Name: | <u>ANA M OLIVIERO</u> | | <input type="checkbox"/> Manager | Name: | | |
| <input type="checkbox"/> Member | Address: | <u>323 S EAST AVE</u> | | <input type="checkbox"/> Member | Address: | | |
| <input type="checkbox"/> Authorized Person | | <u>SUITE C</u> | | <input type="checkbox"/> Authorized Person | | | |
| <input type="checkbox"/> Other | | <u>WILLOWOOD PARKWAY 33020</u> | | <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 Person | | | | <input type="checkbox"/> Authorized Person | | | |
| <input type="checkbox"/> Other | | | | <input type="checkbox"/> Other | | | |
| <input type="checkbox"/> Other | | | | <input type="checkbox"/> Other | | | |

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 STATE OF FLORIDA
 DEPARTMENT OF STATE

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

 Typed or printed name of signer

Delaware

The First State

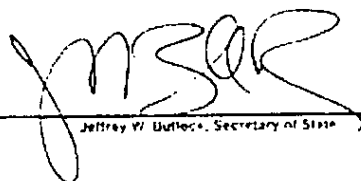
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MILAFRI LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE ELEVENTH DAY OF FEBRUARY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MILAFRI LLC" WAS FORMED ON THE FOURTEENTH DAY OF AUGUST, A.D. 2020.

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

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OFFICE OF THE SECRETARY OF STATE
DELAWARE




Jeffrey W. Bullock, Secretary of State

3449223 8300

SR# 20210415254

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202490416

Date: 02-11-21