

M21000064510

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

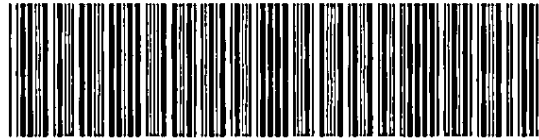
(Document Number)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

2FUTURE VENTURES 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:

VICTORIA MORAES

Name of Person

ASSELFIS INTERNATIONAL LLC

Firm/Company

7901 KINGSPONTE PARKWAY SUITE 10

Address

ORLANDO FL 32819

City/State and Zip Code

VICTORIA@ASSELFIS.COM

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

For further information concerning this matter, please call:

VICTORIA MORAES

407

826-1034

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:

2FUTURE VENTURES LLC

1. _____
(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.")
DELAWARE 61-1936650

2. _____ 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

02/02/2021

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

5004 N BAY RD

5004 N BAY RD

5. _____
(Street Address of Principal Office)

Miami Beach FL 33140

6. _____
(Mailing Address)

Miami Beach FL 33140

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

ASSELFIS INTERNATIONAL LLC

Name: _____

7901 KINGSPONTE PARKWAY #10

Office Address: _____

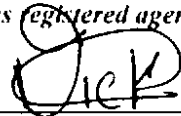
ORLANDO

32819

_____, Florida _____
(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.



(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>
☒ Manager	Name: <u>Luis Felipe Neiva Silveira</u>
	<u>5504 N Bay Rd</u>
☐ Member	Address: <u>Miami Beach Fl 33140</u>
☐ Authorized	<u></u>
Person	<u></u>
☐ Other <u></u>	☐ Other <u></u>

☐ Manager	Name: <u></u>
☐ Member	Address: <u></u>
☐ Authorized	<u></u>
Person	<u></u>
☐ Other <u></u>	☐ Other <u></u>

☐ Manager	Name: <u></u>
☐ Member	Address: <u></u>
☐ Authorized	<u></u>
Person	<u></u>
☐ Other <u></u>	☐ Other <u></u>

<u>Title or Capacity:</u>	<u>Name and Address:</u>
☐ Manager	Name: <u></u>
☐ Member	Address: <u></u>
☐ Authorized	<u></u>
Person	<u></u>
☐ Other <u></u>	☐ Other <u></u>

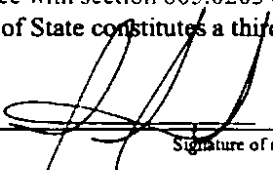
☐ Manager	Name: <u></u>
☐ Member	Address: <u></u>
☐ Authorized	<u></u>
Person	<u></u>
☐ Other <u></u>	☐ Other <u></u>

☐ Manager	Name: <u></u>
☐ Member	Address: <u></u>
☐ Authorized	<u></u>
Person	<u></u>
☐ Other <u></u>	☐ Other <u></u>

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
Luis Felipe Neiva Silveira

Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "2FUTURE VENTURES, 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 NINTH DAY OF MARCH, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "2FUTURE VENTURES, LLC" WAS FORMED ON THE SECOND DAY OF JULY, A.D. 2019.

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



7498001 8300

SR# 20210849728

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

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 202689479

Date: 03-09-21



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 30, 2021

VICTORIA MORAES
7901 KINGSPONTE PARKWAY STE 10
ORLANDO, FL 32819 US

SUBJECT: 2FUTURE VENTURES LLC
Ref. Number: W21000042429

We have received your document for 2FUTURE VENTURES 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):

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. (Based on the date entered on the application, the civil penalty and annual report filing fees total \$777.50.

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.

Sharon D Franklin
Regulatory Specialist II

Letter Number: 821A00006656

RECEIVED

APR 12 2021