

M21000007825

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

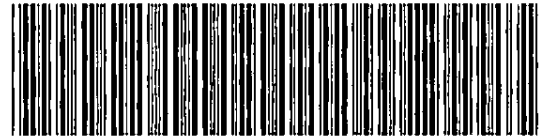
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/14/21--01019--030 **130.00

06/23/21--01001--002 **638.75

2021 JUN 18 PM 3:01
CLERK OF STATE
JULY 11 09:00

LED

JUN 22 2021
M. SOLOMON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MUVINAI 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:

JUAN A FIGUEROA

Name of Person

JUAN A FIGUEROA PA CPA

Firm/Company

1428 BRICKELL AVENUE STE 206

Address

MIAMI, FL. 33131

City/State and Zip Code

CARMEN@JAFCPA.COM

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

For further information concerning this matter, please call:

JUAN A FIGUEROA

305 448-5844
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

FILED
2021 JUN 18 PM 3:01
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

**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. MUVINAI 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. WYOMING 3. 85-0660030
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 01/28/2020
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. C/O JUAN A FIGUEROA PA CPA 6. SAME
(Street Address of Principal Office) (Mailing Address)

1428 BRICKELL AVENUE STE 206

MIAMI, FL 33131

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

Name: JUAN A FIGUEROA PA CPA
Office Address: 1428 BRICKELL AVENUE STE 206
MIAMI 33131
(City) , Florida (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)

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CLERK OF STATE
TALLAHASSEE, FLORIDA
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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>
☒ Manager	Name: ALEJANDRO LUIS ROMEO ES	☐ Manager	Name: _____
☐ Member	Address: C/O JUAN A FIGUEROA PA C	☐ Member	Address: _____
☐ Authorized	1428 BRICKELL AV STE 206	☐ Authorized	_____
Person	MIAMI, FL. 33131	Person	_____
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____
☒ Manager	Name: AGUSTIN BERARDO	☐ Manager	Name: _____
☐ Member	Address: C/O JUAN A FIGUEROA PA C	☐ Member	Address: _____
☐ Authorized	1428 BRICKELL AV STE 206	☐ Authorized	_____
Person	MIAMI, FL. 33131	Person	_____
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____
☐ Manager	Name: _____	☐ Manager	Name: _____
☐ Member	Address: _____	☐ Member	Address: _____
☐ Authorized	_____	☐ Authorized	_____
Person	_____	Person	_____
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____

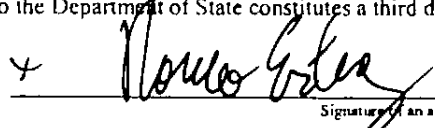
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CLERK OF DISTRICT COURT
CLERK OF DISTRICT COURT
CLERK OF DISTRICT COURT

FILED

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.

x 

Signature of an authorized person
ALEJANDRO LUIS ROMEO ESTEVEZ

Typed or printed name of signer

STATE OF WYOMING
Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

Muvinai LLC
is a
Limited Liability Company

formed or qualified under the laws of Wyoming did on **January 28, 2020**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2020-000897395**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 5th day of April, 2021 at 6:46 AM. This certificate is assigned ID Number 043503220.




Secretary of State



REC'D CIVIL

2021 JUN 18 PM 2:08

FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 9, 2021

JUAN A FIGUEROA
JUAN A FIGUEROA PA CPA
1428 BRICKELL AVENUE STE 206
MIAMI, FL 33131

SUBJECT: MUVINAI LLC
Ref. Number: W21000083691

We have received your document for MUVINAI LLC and check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned to you for the following reason(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 \$638.75.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon
Senior Section Administrator

Letter Number: 421A00012629