

M210000007931

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

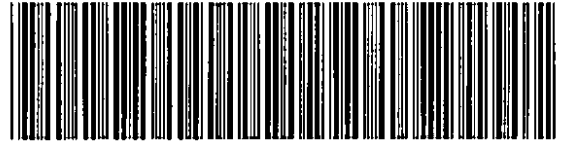
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

M21000007934

Office Use Only



600365902836

RECEIVED

MAY 10 2021

05/11/21--01007--005 **125.00

06/23/21--01014--002 **683.75

FILED
2021 JUN 23 PM 4:18
OFFICE OF STATE
RECORDS
TALLAHASSEE, FL

US
06/23/21

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Unispan USA Ltd, 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:

Bill England
Name of Person
Unispan USA Ltd
Firm/Company
1840 Marty Fladell Drive
Address
Delray Beach, Florida 33444
City/State and Zip Code
benland@unispanusa.com
E-mail address: (to be used for future annual report notification)

2021 JUN 23 PM 4:18
FILED

For further information concerning this matter, please call:

Bill England at (330) 247-1618
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. Unispan USA Ltd, 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. Ohio (Jurisdiction under the law of which foreign limited liability company is organized)
3. 46-2118724 (FEI number, if applicable)

4. January 1, 2020 (Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1840 Marty Fladell Drive (Street Address of Principal Office)
6. 1840 Marty Fladell Drive (Mailing Address)
Delray Beach, FL Delray Beach, FL
33444 33444

2021 JUN 23 PM 4:18
FILED

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

Name: Diana Marcela Gergin
Office Address: 1840 Marty Fladell Drive
Delray Beach, Florida 33444
(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]:

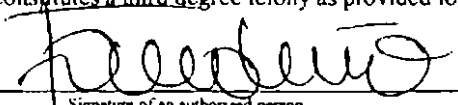
<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Diana Marcela Gergin</u>	<input type="checkbox"/> Manager	Name: <u>Unispan Chile S.A.</u>
<input type="checkbox"/> Member	Address: <u>3162 Via Poinciana #2</u>	<input checked="" type="checkbox"/> Member	Address: <u>Eliodoro Yanez 1761</u>
<input checked="" type="checkbox"/> Authorized Person	<u>Lake Worth, FL 33467</u>	<input type="checkbox"/> Authorized Person	<u>Providencia, Santiago</u>
<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 Person	_____	<input type="checkbox"/> Authorized 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 Person	_____	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

2021 JUN 23 PM 4:13
 DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA

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

Diana Marcela Gergin

Typed or printed name of signee

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show UNISPAN USA LTD., an Ohio For Profit Limited Liability Company, Registration Number 2178583, was organized within the State of Ohio on February 28, 2013, is currently in FULL FORCE AND EFFECT upon the records of this office.

2021 JUN 23 PM 4:18
2021 JUN 23 PM 4:18



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 21st day of April, A.D. 2021.

Frank LaRose

Ohio Secretary of State

Validation Number: 202111103424