Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000275916 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

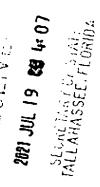
Account Name : CAPITOL SERVICES, INC.

Account Number : 120160000017 Phone : (855)498-5500 Fax Number : (800)432-3622

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:		
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Foreign Limited Liability Company **BQUADRO, LLC**



Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

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COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJ	BQUADRO, LLC					
	-	Name of Limited Liability Company	=			
		iability Company for Authorization to Transact Business in Florida above referenced foreign limited liability company to transact bus				
Please	return all correspondence concerning this	matter to the following:				
	Jesus Enrique Guzman					
		Name of Person	-			
	BQUADRO, LLC					
		Firm/Company				
	8452 Fredericksburg Rd., Suite	: 513				
		Address				
	San Antonio, Texas 78229					
		City/State and Zip Code				
	jeenguzman@yahoo.com.mx		2021 JUL 19			
	E-mail addres	s: (to be used for future annual report notification)				
For fu	rther information concerning this matter, pl	case call:	9 3			
	Gil Siller	830 443-9067at ()	ည္း မွာ ႏို			
	Name of Contact Perso	n Area Code Daytime Telephone Number	c o			
	Malling Address: Registration Section	Street Address: Registration Section				
Division of Corporations P.O. Box 6327		Division of Corporations				
	Tallahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
	Enclosed is a check for the following arr Please make check payable to: FLORID \$\mathref{\textit{2}}\$\$ \$125.00 Filing Fee \$\mathref{\textit{2}}\$\$ \$130.00 Filing Fee	DA 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:

·					
(Name of Foreign	Limited Liability Company, must include "Limited	Liability Company," "	L.L.C.," or "LLC.")		
ame unavailable, enter alternate	name adopted for the purpose of transacting business in Flo	wids. The alternate name o	nist include "Limited Lish	bility Company," "L.L.C.	or"LLC
Гсхаѕ					
(Jurisdiction under the law of w	rhich foreign limited liability company is organized)	3	(FEI aumber	(FEI number, if applicable)	
	(Date first transacted business in Florida, if prior to re (See sections 605 0904 & 605,0905, F.S. to determin	egistration.)			
0.50 5 1 1 1 1		oe penalty liability)			
8452 Fredericksburg F		6	·	_	
et Address of Principal Office)		(Mailing	Address)		
Suite 513					
San Antonio, Texas 78	8770				
Name and street address	ss of Florida registered agent: (P.O. Box	NOT acceptable)			
The wife before the training	ig of Frontial registered agent, (F.O. DOX	<u>itor</u> acceptable)		2021 5	
	Capitol Corporate Services, Inc.			7021 JUL	-1.
Name:				9	;
000. 444					
Office Address:	515 East Park Avenue, 2nd floor			, . ·	و اد د د د
Office Address:				70	1.
Office Address:	Tallahassee (City)		32301 rida	, . ·	

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]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
EManager	Name: Carmen Farias	Manager	Name: Jesus Enrique Guzman
□Member	Address: 8452 Fredericksburg Road	□Member	Address: 8452 Fredericksburg Road
□ Authorized	Suite 513	☐ Authorized	Suite 513
Person	San Antonio, Texas 78229	Person	San Antonio, Texas 78229
□Other	Cl Other	Other	□ Other
	Name:	☐ Manager	Name:
□Member	Address:	☐ Member	Address:
□Authorized		□Authorized	
Person		Person	
Other	Other	Other	Other
☐ Manager	Name:	□Manager	Name:
□Mcmber	Address:	□Member	Address:
□Authorized		☐ Authorized	9
Person		Person	
[]Other	Other	□Other	ယ္ □Other <u></u>
			œ

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 filling 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	
Jesus Enrique Guzman, Manager of BQUADRO, LLC	
Typed or printed many of signer	

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Jose A. Esparza Deputy Secretary of State

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Office of the Secretary of State

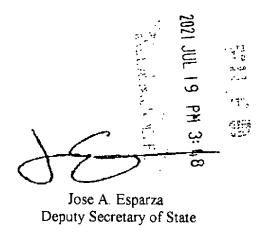
Certificate of Fact

The undersigned, as Deputy Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for BQUADRO, LLC (file number 803439092), a Domestic Limited Liability Company (LLC), was filed in this office on October 07, 2019.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on July 05, 2021.





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