

Ma10000/2554

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

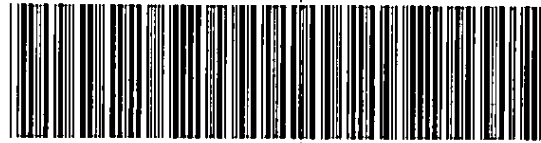
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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900373196979

09/21/21--01025--011 \*\*125.00

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21 SEP 21 PM 3:06  
CLERK OF SUPERIOR COURT  
STATE OF FLORIDA

TH  
9/24/21

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** I.G. CONSULTING SERVICES & DEVELOPMENT 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:

Jairo Vargas

Name of Person

Firm/Company

6355 NW 36 ST Suite 507

Address

virginia Gardens, FL. 33166

City/State and Zip Code

jvargas1@gate.net

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

For further information concerning this matter, please call:

Jairo Vargas

305

281-9826

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:

1. I.G. CONSULTING SERVICES & DEVELOPMENT 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

3. 83-3327080

(Jurisdiction under the law of which foreign limited liability company is organized)

(FEI number, if applicable)

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

5. (Street Address of Principal Office)

6. (Mailing Address)

6355 NW 36 ST, Suite 507

6355 NW 36 ST, Suite 507

Virginia Gardens, FL 33166

Virginia Gardens, FL 33166

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

Name: CYVA INTERNATIONAL SERVICES

Office Address: 6355 NW 36 ST Suite 507

Virginia Gardens, Florida 33166  
(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)

FILED  
21 SEP 21 PM 3:00  
CLERK OF DISTRICT COURT  
JACKSONVILLE, FLORIDA

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:**

☒ Manager      Name: Jairo Vargas

☐ Member      Address: 6355 NW 36 ST Suite 507

☐ Authorized      Virginia Gardens, FL. 33166

Person \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☒ Manager      Name: Juan Carlos Sanchez

☐ Member      Address: 6355 NW 36 ST Suite 507

☐ Authorized      Virginia Gardens, FL. 33166

Person \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☐ Manager      Name: \_\_\_\_\_

☐ Member      Address: \_\_\_\_\_

☐ Authorized      \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

**Title or Capacity:**                      **Name and Address:**

☒ Manager      Name: Gerardo Ramirez

☐ Member      Address: 6355 NW 36 ST Suite 507

☐ Authorized      Virginia Gardens, FL. 33166

Person \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☐ Manager      Name: \_\_\_\_\_

☐ Member      Address: \_\_\_\_\_

☐ Authorized      \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☐ Manager      Name: \_\_\_\_\_

☐ Member      Address: \_\_\_\_\_

☐ Authorized      \_\_\_\_\_

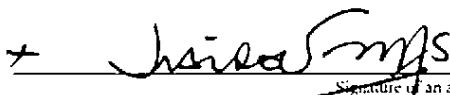
Person \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

**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

Jairo Vargas

\_\_\_\_\_  
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 "I.G. CONSULTING SERVICES & DEVELOPMENT 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 SIXTEENTH DAY OF SEPTEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "I.G. CONSULTING SERVICES & DEVELOPMENT LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF AUGUST, A.D. 2018.

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



7032911 8300

SR# 20213260767

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://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: 204170761

Date: 09-16-21

# CERTIFICATE OF FORMATION

## OF

### I.G. CONSULTING SERVICES & DEVELOPMENT LLC

This Certificate of Formation of - **I.G. CONSULTING SERVICES & DEVELOPMENT LLC** - (the "Company") has been duly executed and is being filed by the undersigned authorized person for the purpose of forming a limited liability company pursuant to the Delaware Limited Liability Company Act, (6 Del. C. §§18-101, et seq.)(the "Act").

1. Name. The name of the limited liability company formed hereby is :


**I.G. CONSULTING SERVICES & DEVELOPMENT LLC**

2. Registered Office. The address of the registered office of the Company in the State of Delaware is c/o Harvard Business Services, Inc., 16192 Coastal Highway, Lewes, Sussex County, Delaware 19958.

3. Registered Agent. The name and address of the registered agent for service of process on the Company in the State of Delaware is Harvard Business Services, Inc., 16192 Coastal Highway, Lewes, Sussex County, Delaware 19958.

4. Other Matters. The limited liability company agreement of the Company entered into by the members of the Company (the "Agreement") provides that the management of the Company shall be vested exclusively in a manager of the Company designated by the Agreement (the "Manager"), and the Agreement designates **Cyva International Services LLC** as the sole Manager of the Company. Further, as authorized by Section 18-108 of the Act and provided by the Agreement, the Company has the power to and shall, to the fullest extent permitted by applicable law, indemnify and hold harmless the Manager, and each other person authorized to act on behalf of the Company from time to time (collectively, the "Indemnitee"), from and against all liabilities and claims against the Indemnitee, arising from the Indemnitee's performance of his duties in conformance with the terms of the Agreement.

IN WITNESS WHEREOF, the undersigned being fully authorized person has caused this Certificate of Formation to be duly executed as of the 27th day of August, 2018.



Tandem International Business Services LLC  
By: Jairo Vargas - Organizer

State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 04:41 PM 08/27/2018  
FILED 04:41 PM 08/27/2018  
SR 20186372909 - File Number 7031911

# Apostille

(Convention de La Haye du 5 Octobre 1961)

1. Country: United States of America

This public document:

2. has been signed by Jeffrey W. Bullock

3. acting in the capacity of Secretary Of State Of Delaware

4. bears the seal/stamp of Office Of Secretary Of State

## Certified

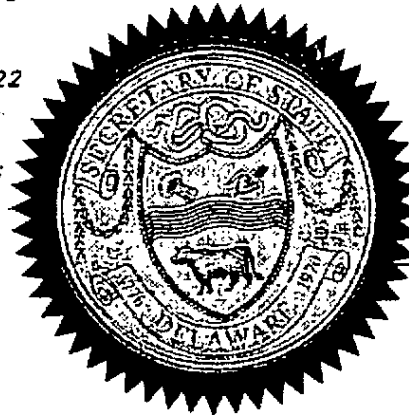
5. at Dover, Delaware

6. twenty-eighth day of August, A.D. 2018

7. by Secretary of State, Delaware Department of State

8. No. 203318722

9. Seal/Stamp:



10. Signature:

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

**IRS** DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE  
CINCINNATI OH 45999-0023

000069.120934.368438.31863 1 AB 0.412 530



IG CONSULTING SERVICES &  
% VARGAS & ASSOCIATES INTERNATIONAL  
6355 NW 36TH ST STE 401  
VIRGINIA GDNS FL 33166

000059

Date of this notice: 02-01-2019

Employer Identification Number:  
83-3327080

Form: SS-4

Number of this notice: CP 575 D

For assistance you may call us at:  
1-800-829-4933

IF YOU WRITE, ATTACH THE  
STUB OF THIS NOTICE.

**WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER**

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 83-3327080. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 1065

03/15/2020

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, Accounting Periods and Methods.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, Entity Classification Election. See Form 8832 and its instructions for additional information.

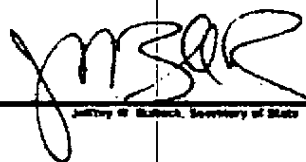
# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF FORMATION OF "I.G. CONSULTING SERVICES & DEVELOPMENT LLC", FILED IN THIS OFFICE ON THE TWENTY-SEVENTH DAY OF AUGUST, A.D. 2018, AT 4:41 O'CLOCK P.M.



  
Jeffrey W. Bullock, Secretary of State

7032911 8100  
SR# 20186372909

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 203329661  
Date: 08-28-18