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21 OCT -8 PM 3:55
CLERK OF COURT
JANET L. BROWN

10/11/21

COVER LETTER

**TO: Registration Section
Division of Corporations**

KANIWA 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:

LOVETTE DOBSON

Name of Person

Firm/Company

17350 STATE HWY 249 #220

Address

HOUSTON, TX 77064

City/State and Zip Code

EFILE1234@INCFILE.COM

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

For further information concerning this matter, please call:

LOVETTE DOBSON

888

-462-3453

at (_____)

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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 Copv

☐ \$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. KANIWA 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. _____
(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. 651 N BROAD ST, SUITE 205 #2152 6. 651 N BROAD ST, SUITE 205 #2152
(Street Address of Principal Office) (Mailing Address)

MIDDLETOWN, DELAWARE 19709 MIDDLETOWN, DELAWARE 19709

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

Name: FINANZ BUTIK MANAGEMENT LLC

Office Address: 1200 BRICKELL AVENUE, STE 800

MIAMI, Florida 33131
(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)

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21 OCT -8 PM 3:55
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JUDICIAL CIRCUIT IN AND FOR
THE NINTH JUDICIAL CIRCUIT
IN 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]:

<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:	ABELARDO JOSE GONZALEZ RALERO		<input type="checkbox"/> Manager	Name:	ABELARDO JOSE GONZALEZ FRANCO	
<input checked="" type="checkbox"/> Member	Address:	_____		<input checked="" type="checkbox"/> Member	Address:	_____	
<input type="checkbox"/> Authorized	1200 BRICKELL AVE, STE 800	_____		<input type="checkbox"/> Authorized	1200 BRICKELL AVE, STE 800	_____	
Person	MIAMI, FLORIDA 33131	_____		Person	MIAMI, FLORIDA 33131	_____	
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____			<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____		
<input type="checkbox"/> Manager	Name:	ELIZABETH FRANCO DE GONZALEZ		<input type="checkbox"/> Manager	Name:	CARLOS ALBERTO GONZALEZ FRANCO	
<input checked="" type="checkbox"/> Member	Address:	_____		<input checked="" type="checkbox"/> Member	Address:	_____	
<input type="checkbox"/> Authorized	1200 BRICKELL AVE, STE 800	_____		<input type="checkbox"/> Authorized	1200 BRICKELL AVE, STE 800	_____	
Person	MIAMI, FLORIDA 33131	_____		Person	MIAMI, FLORIDA 33131	_____	
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____			<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____		
<input type="checkbox"/> Manager	Name:	ELIZABETH GONZALEZ FRANCO		<input type="checkbox"/> Manager	Name:	_____	
<input checked="" type="checkbox"/> Member	Address:	_____		<input type="checkbox"/> Member	Address:	_____	
<input type="checkbox"/> Authorized	1200 BRICKELL AVE, STE 800	_____		<input type="checkbox"/> Authorized	_____	_____	
Person	MIAMI, FLORIDA 33131	_____		Person	_____	_____	
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____			<input type="checkbox"/> Other _____	<input type="checkbox"/> 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

ABELARDO JOSE GONZALEZ RALERO

Typed or printed name of signer

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "KANIWA 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 THIRTEENTH DAY OF SEPTEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "KANIWA LLC" WAS FORMED ON THE SEVENTEENTH DAY OF MARCH, A.D. 2020.

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



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.

Authentication: 204140489

Date: 09-13-21

7905815 8300

SR# 20213227204

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