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T. LEMIEUX

OCT 27 2021

F

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MUNDO LIBRE & WINE SPIRITS 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:

YANELLE M BARINAS

Name of Person

BARINAS & ASSOCIATES INC

Firm/Company

5701 NW 36TH ST

Address

VIRGINIA GARDENS, FL 33166

City/State and Zip Code

RECEPTION@BARINASASSOCIATES.COM

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

For further information concerning this matter, please call:

YANELLE M BARINAS

305

871-0889

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. MUNDO LIBRE WINE & SPIRITS 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. NEW YORK
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 85-1147924
(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. 342 E 110TH ST APT 1D
(Street Address of Principal Office)

6. 401 CLANCY CIRCLE
(Mailing Address)

NEW YORK, NY 10029

MARGATE, FL 33068

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

Name: LEONARDO TIZOL

Office Address: 401 CLANCY CIRCLE

MARGATE, Florida 33068
(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.

LEONARDO TIZOL
(Registered agent's signature)

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JUDICIAL CIRCUIT IN AND FOR
THE NINTH JUDICIAL CIRCUIT
DADE COUNTY, 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: <u>LEONARDO TIZOL</u>	<input type="checkbox"/> Manager	Name: <u>JOEL BARRADAS</u>
<input checked="" type="checkbox"/> Member	Address: <u>342 E 110TH ST APT 1-D</u>	<input checked="" type="checkbox"/> Member	Address: <u>11025 NW 45 TERRACE</u>
<input type="checkbox"/> Authorized	<u>NEW YORK, NY 10029</u>	<input type="checkbox"/> Authorized	<u>DORAL, FL 33178</u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other	<u></u>	<input type="checkbox"/> Other	<u></u>
 <input type="checkbox"/> Manager	Name: <u></u>	 <input type="checkbox"/> Manager	Name: <u></u>
<input type="checkbox"/> Member	Address: <u></u>	<input type="checkbox"/> Member	Address: <u></u>
<input type="checkbox"/> Authorized	<u></u>	<input type="checkbox"/> Authorized	<u></u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other	<u></u>	<input type="checkbox"/> Other	<u></u>
 <input type="checkbox"/> Manager	Name: <u></u>	 <input type="checkbox"/> Manager	Name: <u></u>
<input type="checkbox"/> Member	Address: <u></u>	<input type="checkbox"/> Member	Address: <u></u>
<input type="checkbox"/> Authorized	<u></u>	<input type="checkbox"/> Authorized	<u></u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other	<u></u>	<input type="checkbox"/> Other	<u></u>

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.

LEONARDO TIZOL

Signature of an authorized person

LEONARDO TIZOL

Typed or printed name of signer

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROSSANA ROSADO, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: MUNDO LIBRE WINES & SPIRITS LLC
DOS ID Number: 5751501
Entity Type: DOMESTIC LIMITED LIABILITY COMPANY
Entity Status: EXISTING
Date of Initial Filing with DOS: 05/14/2020

Statement Status: CURRENT
Statement Due Date: 05/31/2022

No information is available from this office regarding the financial condition, business activity or practices of this entity.

WITNESS my hand and official seal of the Department of State,
at the City of Albany, on October 07, 2021 at 03:32 P.M.

ROSSANA ROSADO, Secretary of State



Brendan C. Hughes

By Brendan C. Hughes
Executive Deputy Secretary of State

October 5, 2021 4:21pm

COVID-19 Vaccines

Booster doses are now available for eligible New Yorkers, including New Yorkers age 65 and older who got the Pfizer vaccine.

[DETAILS >](#)

Department of State Division of Corporations

Entity Information

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ENTITY NAME: MUNDO LIBRE WINES & SPIRITS LLC

DOS ID: 5751501

FOREIGN LEGAL NAME:

FICTITIOUS NAME: MUNDO LIBRE WINES & SPIRITS LLC

ENTITY TYPE: DOMESTIC LIMITED LIABILITY COMPANY

DURATION DATE/LATEST DATE OF DISSOLUTION:

SECTION OF LAW: 203 LLC - LIMITED LIABILITY COMPANY LAW

ENTITY STATUS: Active

DATE OF INITIAL DOS FILING: 05/14/2020

REASON FOR STATUS:

EFFECTIVE DATE INITIAL FILING: 05/14/2020

INACTIVE DATE:

FOREIGN FORMATION DATE:

STATEMENT STATUS: CURRENT

COUNTY: New York

NEXT STATEMENT DUE DATE: 05/31/2022

JURISDICTION: New York, United States

NFP CATEGORY:

Name: LEONARDO TIZOL ROBLES

Address: 342 E 110TH ST APT 1-D, NEW YORK, NY, United States, 10029

Name:

Address:

Name:

Address:

Name: LEONARDO TIZOL ROBLES

Address: 342 E 110TH ST APT 1-D, NEW YORK, NY, 10029

Name:

Address:

Is The Entity A Farm Corporation: No

STATE OF NEW YORK

DEPARTMENT OF STATE

I hereby certify that the annexed copy has been compared with the original document in the custody of the Secretary of State and that the same is true copy of said original.



WITNESS my hand and official seal of the
Department of State, at the City of Albany, on
May 14, 2020.

Brendan C. Hughes

Brendan C. Hughes
Executive Deputy Secretary of State

**ARTICLES OF ORGANIZATION
OF
MUNDO LIBRE WINES & SPIRITS LLC**

Under Section 203 of the Limited Liability Company Law

THE UNDERSIGNED, being a natural person of at least eighteen (18) years of age, and acting as the organizer of the limited liability company hereby being formed under Section 203 of the Limited Liability Company Law of the State of New York certifies that:

FIRST: The name of the limited liability company is:

MUNDO LIBRE WINES & SPIRITS LLC

(English Translation is: MUNDO LIBRE WINES & SPIRITS LLC)

SECOND: The county, within this state, in which the office of the limited liability company is to be located is NEW YORK.

THIRD: The Secretary of State is designated as agent of the limited liability company upon whom process against it may be served. The address within or without this state to which the Secretary of State shall mail a copy of any process against the limited liability company served upon him or her is:

LEONARDO TIZOL ROBLES
342 E 110TH ST APT 1-D
NEW YORK, NY 10029

FOURTH: The limited liability company designates the following as its registered agent upon whom process against it may be served within the State of New York is:

LEONARDO TIZOL ROBLES
342 E 110TH ST APT 1-D
NEW YORK, NY 10029

FIFTH: The limited liability company shall defend, indemnify and hold harmless all members, managers, and former members and managers of the limited liability company against expenses (including attorney's fees, judgments, fines, and amounts paid in settlement) incurred in connection with any claims, causes of action, demands, damages, liabilities of the limited liability company, and any pending or threatened action, suit, or proceeding. Such indemnification shall be made to the fullest extent permitted by the laws of the State of New York, provided that such acts or omissions which gives rise to the cause of action or proceedings occurred while the Member or Manager was in performance of his or her duties for the limited liability company and was not as a result of his or her fraud, gross negligence, willful misconduct or a wrongful taking. The indemnification provided herein shall inure to the benefit of successors, assigns, heirs, executors, and the administrators of any such person.

I certify that I have read the above statements, I am authorized to sign these Articles of Organization, that the above statements are true and correct to the best of my knowledge and belief and that my signature typed below constitutes my signature.

LEONARDO TIZOL ROBLES (signature)

LEONARDO TIZOL ROBLES , ORGANIZER
342 E 110TH ST APT 1-D
NEW YORK, NY 10029

Filed by:

LEONARDO TIZOL ROBLES
342 E 110TH ST APT 1-D
NEW YORK, NY 10029