

10/28/2021 9:54 AM

Division of Corporations

H210004006913
Florida Department of StateDivision of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6183From:
Account Name : CORPACORP1411.COM INC
Account Number : 223202600139
Phone : (954)345-7884
Fax Number : (756)713-1940**Enter the email address for this business entity to be used for future
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Foreign Limited Liability Company

TOMASSI LLC

Certificate of Status	01
Certified Copy	01
Page Count	02
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

2021 NOV 19 PM 6:17
SECRETARY OF STATE
TALLAHASSEE, FL

2021 OCT 28 AM 10:18

TALLAHASSEE, FLORIDA

H210004006913

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA**

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

1 TOMASSI LLC

(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.")

TOMASSI INTERNATIONAL 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

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

3 _____
(FID number, if applicable)

4 _____

(Date first transacted business in Florida, if prior to 7/1/2001
(See sections 605.004(1) and 605.005, F.S. for definition of "first business")

5 14334 BISCAYNE BLVD

(Street Address of Principal Office)

NORTH MIAMI BEACH, FL 33181

6 14334 BISCAYNE BLVD

(Mailing Address)

NORTH MIAMI BEACH, FL 33181

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

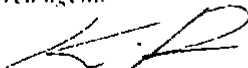
Name: ROMAR INTERNATIONAL LLC

Office Address: 14334 BISCAYNE BLVD

NORTH MIAMI BEACH, FL 33181
_____, Florida _____
(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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STATE OF FLORIDA
TALLAHASSEE, FL

FILED

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>
☒ Manager	Name PEREZ, MARCELO	☐ Manager	Name _____
☐ Member	Address 14334 BISCAYNE BLVD	☐ Member	Address _____
☐ Authorized	NORTH MIAMI BEACH, FL 33181	☐ Authorized	_____
☐ Person	_____	☐ Person	_____
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____
☐ Manager	Name: _____	☐ Manager	Name: _____
☐ Member	Address _____	☐ Member	Address _____
☐ Authorized	_____	☐ Authorized	_____
☐ Person	_____	☐ Person	_____
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____
☐ Manager	Name: _____	☐ Manager	Name: _____
☐ Member	Address _____	☐ Member	Address _____
☐ Authorized	_____	☐ Authorized	_____
☐ Person	_____	☐ Person	_____
☐ Other _____	☐ Other _____	☐ 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 jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under 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 authorized person
 MARCELO PEREZ

 Type or print name of officer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TOMASSI 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 SIXTH DAY OF OCTOBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TOMASSI LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF JULY, A.D. 2016.

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



6107140 8300

SR# 20213440267

You may verify this certificate online at 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 in a small font.

Authentication: 204338414

Date: 10-06-21