

11/29/21 6:21 AM

Division of Corporations

M21000015912

Florida Department of State
Division of Corporations
Personnel Filing Cover Sheet

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.

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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 : LEGALINC CORPORATE SERVICES INC.
Account Number : I20180000011
Phone : (844)386-0178
Fax Number : (214)317-4754

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

Email Address: _____

Foreign Limited Liability Company
HISPANIC BRIDGE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

2021 NOV 29 PM 4:04

ALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Hel 8. ROBERTS

NOV 29 2021

To: 18506176383 From: 12147128131 Date: 11/29/21 Time: 8:18 PM Page: 02/06
To: 12143174754 From: Anonymous Date: 11/23/21 Time: 10:56 AM Page: 01
850-617-6381 11/23/2021 1:56:22 PM PAGE 1/001 Fax Server



November 23, 2021

FLORIDA DEPARTMENT OF STATE

Division of Corporations

LEGALINC CORPORATE SERVICES INC.

SUBJECT: HISPANIC BRIDGE LLC
REF: W21000151249

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

I certify from the records of this office that HISPANIC BRIDGE LLC is Declaration of Trust, authorized to transact business in the State of Florida, filed on November 22, 2021.

The document number of this trust is W21000151249.

I further certify said trust is active.

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HISPANIC BRIDGE, 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:

FERNANDO DUQUE

Name of Person

HISPANIC BRIDGE, LLC

Firm/Company

8120 SW 160TH STREET

Address

PALMETTO BAY, FL 33157

City/State and Zip Code

FERCHODUKE@HOTMAIL.COM

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

For further information concerning this matter, please call:

FERNANDO DUQUE

Name of Contact Person

661

at (_____) _____

Area Code

305-0156

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

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**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. HISPANIC BRIDGE, 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. MINNESOTA

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

3. 26-0898698

(FBI 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. 6723 KNOX ST N.

(Street Address of Principal Office)

6. 8120 SW 160TH ST.

(Mailing Address)

GOLDEN VALLEY, MN 55427

PALMETTO BAY, FL 33157

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

Name: FERNANDO DUQUE

Office Address: 8120 SW 160TH ST

PALMETTO BAY

(City)

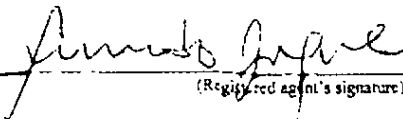
Florida

33157

(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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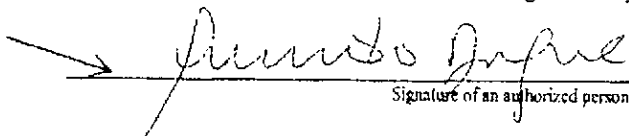
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: FERNANDO DUQUE	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 8120 SW 160TH ST.	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	PALMETTO BAY, FL 33157	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	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
 FERNANDO DUQUE

 Typed or printed name of signer

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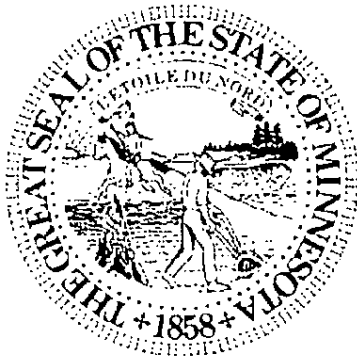
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**Office of the Minnesota Secretary of State
Certificate of Good Standing**

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name:	Hispanic Bridge, LLC
Date Filed:	09/06/2007
File Number:	2495250-2
Minnesota Statutes, Chapter:	322C
Home Jurisdiction:	Minnesota

This certificate has been issued on: 11/04/2021



Steve Simon
Steve Simon
Secretary of State
State of Minnesota

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