

MA10000016539

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

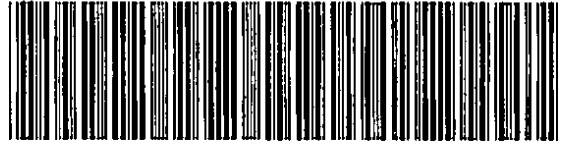
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MIRBEN SPEECH LANGUAGE COMPANY 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:

LEONIDAS SOSA

Name of Person

SOSA & ASSOCIATES LLC

Firm/Company

438 S BROADWAY

Address

YONKERS, NEW YORK 10705

City/State and Zip Code

emirben01@hotmail.com

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

For further information concerning this matter, please call:

LEONIDAS SOSA

914

645-9066

Name of Contact Person

at (_____) _____

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. MIRBEN SPEECH LANGUAGE COMPANY LLC

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

MIRBEN SPEECH LANGUAGE THERAPIST 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)

82-3484389

3. (FEI number, if applicable)

4. 11-25-2021

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

5. 2309 WHISPERING MAPLE DR

(Street Address of Principal Office)

6. 2309 WHISPERING MAPLE DR

(Mailing Address)

ORLANDO FLORIDA 32837

ORLANDO FLORIDA 32837

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

Name: ESTHER MERY MIRANDA BENDEZU

Office Address: 2309 WHISPERING MAPLE DR

ORLANDO

(City)

Florida 32837

(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)

2021 DEC -6 AM 7:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

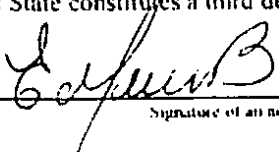
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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>Esther Mery Miranda Bendezu</u>	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>2309 Whispering Maple Dr</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Orlando, Florida 32837</u>	<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
 Esther Mery Miranda Bendezu

 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 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 the certificate, the following entity information is reflected:

Entity Name: MIRBEN SPEECH LANGUAGE COMPANY LLC
DOS ID Number: 5239327
Entity Type: DOMESTIC LIMITED LIABILITY COMPANY
Entity Status: EXISTING
Date of Initial Filing with DOS: 11/22/2017

Statement Status: CURRENT
Statement Due Date: 11/30/2021

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 November 10, 2021 at 01:28 P.M.

ROSSANA ROSADO, Secretary of State

Brendan C. Hughes

By Brendan C. Hughes
Executive Deputy Secretary of State

New York State Department of State
Division of Corporations, State Records and Uniform Commercial Code
COPY REQUEST/CERTIFICATE OF STATUS RECEIPT

SOSA & ASSOCAITES LLC
ATTN: LEO SOSA
438 S BRAODWAY
YONKERS NY 10705

DATE: 11/10/2021 **TRANSACTION NUMBER:** 202111100002115

ENTITY INFORMATION:

ENTITY NAME: MIRBEN SPEECH LANGUAGE COMPANY LLC
DOS ID: 5239327
DATE OF INITIAL DOS FILING: 11/22/2017

<u>REQUESTED SERVICES:</u>	<u>NUMBER REQUESTED:</u>	<u>FEE:</u>
UNCERTIFIED COPY(\$5.00)		\$0.00
CERTIFIED COPY(\$10.00)		\$0.00
CERTIFICATE OF STATUS - SHORT FORM(\$25.00)	1	\$25.00
CERTIFICATE OF STATUS - LONG FORM(\$25.00)		\$0.00
EXPEDITED HANDLING		\$25.00

TOTAL PAYMENTS RECEIVED: \$50.00
CASH: \$0.00
CHECK/MONEY ORDER: \$0.00
CREDIT CARD: \$50.00
DRAWDOWN ACCOUNT: \$0.00
REFUND DUE: \$0.00

<u>REQUESTED COPY</u>	<u>FILE DATE</u>	<u>FILE NUMBER</u>
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