

\*\*corrected name consent attached (page 4)\*\*

*ma200002620*

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.  
Account Number : I20160000017  
Phone : (855)498-5500  
Fax Number : (800)432-3622

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

Email Address: \_\_\_\_\_

FILED  
2022 FEB 17 PM 4:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Foreign Limited Liability Company  
CATALINA FINER FOOD, LLC

\*\*name consent attached,  
please give original  
submission date of 2/11/22

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

\*\*name consent attached,  
please give original  
submission date of 2/11/22

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Catalina Finer Food, 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:

Name of Person

Capitol Services - Corporate Filings Team

Firm/Company

515 East Park Avenue 2nd Fl

Address

Tallahassee, FL 32301

City/State and Zip Code

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

For further information concerning this matter, please call:

Name of Contact Person at ( 855 ) 498 - 5500  
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 Copy    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

**Letter of Consent for Use of Similar Name**

**To whom it may concern,**

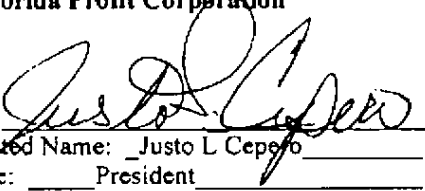
Find below written consent by CATALINA FINER FOOD CORPORATION to use the name applied for in this State.

CATALINA FINER FOOD CORPORATION gives consent to CATALINA FINER FOOD, LLC to use the name CATALINA FINER FOOD, LLC.

By signing this statement, the undersigned hereby certifies that he or she has the requisite authority to execute this consent.

**Consenting Entity:**

**CATALINA FINER FOOD CORPORATION**  
**a Florida Profit Corporation**

By:   
Printed Name: Justo L Cepeda  
Title: President

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2022 FEB 17 PM 01:09:52  
SEAL OF THE STATE  
TALLAHASSEE FLORIDA

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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. Catalina Finer Food, LLC

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

2. Delaware

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

3. \_\_\_\_\_

(FEI number, if applicable)

4. February 5, 2022

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

5. 4709 N. Lauber Way

(Street Address of Principal Office)

6. 4709 N. Lauber Way

(Mailing Address)

Tampa, FL 33614

Tampa, FL 33614

2022 FEB 17 PM 4:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

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

Name: Capitol Corporate Services, Inc.

Office Address: 515 East Park Avenue 2nd Fl

Tallahassee, Florida 32301  
(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.*

Krista Abair, Asst. Secretary on behalf

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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]:

**Title or Capacity:**                      **Name and Address:**

☐ Manager      Name: Gordon Liao

☐ Member      Address: 4709 N. Lauber Way

☐ Authorized      Tampa, FL 33614

Person \_\_\_\_\_

☒ Other President                      ☐ Other \_\_\_\_\_

☐ Manager      Name: John Johnson

☐ Member      Address: 4709 N. Lauber Way

☐ Authorized      Tampa, FL 33614

Person \_\_\_\_\_

☒ Other Secretary                      ☐ Other \_\_\_\_\_

☐ Manager      Name: Vangalina Acquisitions, LLC

☒ Member      Address: 4709 N. Lauber Way

☐ Authorized      Tampa, FL 33614

Person \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

**Title or Capacity:**                      **Name and Address:**

☐ Manager      Name: \_\_\_\_\_

☐ Member      Address: \_\_\_\_\_

☐ Authorized      \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☐ Manager      Name: \_\_\_\_\_

☐ Member      Address: \_\_\_\_\_

☐ Authorized      \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☐ Manager      Name: \_\_\_\_\_

☐ Member      Address: \_\_\_\_\_

☐ Authorized      \_\_\_\_\_

Person \_\_\_\_\_

☐ 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 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.

DocuSigned by:

Gordon Liao

9322A48AC51F488...

Signature of an authorized person

Gordon Liao

Typed or printed name of signer

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CATALINA FINER FOOD, 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 THIRD DAY OF FEBRUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CATALINA FINER FOOD, LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF JANUARY, A.D. 2022.

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



6559609 8300

SR# 20220352863

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 202563937

Date: 02-03-22