Office Use Only



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SECRETARY OF STATE VLLAHASSEE, FLORIDA

### COVER LETTER

	egistration Section ivision of Corporations						
SUBJECT	TPA LATINO 21 LLC						
0000000	Name of Limited Liability Company						
		iability Company for Authorization to Transact Business in Florida." Certificate of above referenced foreign limited liability company to transact business in Florida					
Please retu	rn all correspondence concerning this r	matter to the following:					
	JORGE SCHNEIDER						
		Name of Person					
	JFS CONSULTING SERVICE	ES LEC					
Firm/Company							
	2627 NE 203rd ST - SUITE 218						
Address							
	AVENTURA, FL 33180						
	City/State and Zip Code						
	jschneider@jfsconsultingsvcs.co	m					
	E-mail addres	s: (to be used for future annual report notification)					
For further	information concerning this matter, pl	ease call:					
J	ORGE SCHNEIDER	786 4405553					
_	Name of Contact Perso	n at () n Area Code Daytime Telephone Number					
R D P	Initing Address: Legistration Section Division of Corporations LO. Box 6327 Initialization of Section of Secti	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
P	nclosed is a check for the following am lease make check payable to: FLORID I \$125.00 Filing Fee \$130.00 Fi Certi	DA DEPARTMENT OF STATE					

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSICT BUSINESS IN THE STATE OF FLORIDA:

If name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Flo	orida The	alternate name must include "Limited L	iability Company," "I	l. C." or	"LLC."
DELAWARE			32-0621177			
(Jurisdiction under the law of which foreign limited liability company is organized)		27,	(FEI number, if applicable)			_
l	The state of the s					
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605,0905, F.S. to determi	ne penalty	n ) , liability)			
2627 NE 203rd ST - SUITE 218			2627 NE 203rd ST - SUFTE 218			
treet Address of Principal Office)			6. (Mailing Address)			_
AVENTURA, FL. 33180			AVENTURA, FL. 33180	1 1 1 1 1 1	2022	
				CRET	2 FEB	
				ASSEI	7	_ <u>_</u>
. Name and street addres	s of Florida registered agent: (P.O. Box	NOT	acceptable)		<b>A</b>	
Name:	JFS CONSULTING SERVICES, LLC			CRETARY OF STATE LAHASSEE, FLORIDA	AM 10: 5 I	
Office Address:	2627 NE 203rd ST - SUITE 218			·		
	AVENTURA		33180 , Florida			

### 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)

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:	Title or Capacit	Name and Address:	
□Manager	Name: RICARDO MUCCI	□Manager	Name:	
≣Member	Address: 2627 NE 203rd ST - STE 218	□Member	Address:	
□Authorized	AVENTURA, FL. 33180	□Authorized		
Person		Person		
□Other	Other	□Other		□Other
□Manager	Name: ROSSANA SALAZAR MUCCI	□Manager	Name:	
≣Member	Address: 2627 NE 203rd ST - STE 218	□Member		
□Authorized	AVENTURA, FL 33180	□Authorized		
Person		Person		
□Other	Other	Other		□Other
∐Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
Other	Other	Other		□Other

<u>Important Notice:</u> 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, 1 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.

JORGE SCHNEIDER

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# Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "TPA LATINO 21 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 TWENTY-FOURTH DAY OF JANUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TPA LATINO 21 LLC" WAS FORMED ON THE FIFTH DAY OF FEBRUARY, A.D. 2020.

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

Authentication: 202463666

Date: 01-24-22

7836479 8300 SR# 20220217518

## IRS DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CINCINNATI OH 45999-0023



000417.226183.301269.11772 1 AB 0.419 530 դինեկինիկիկիկիկութինկիսիկինիկութինիկինի



TPA LATINO 21 LLC RICARDO JESUS MUCI RAMOS SOLE MBR 2627 NE 203RD ST STE 218 AVENTURA FL 33180

000417

Date of this notice: 02-21-2020

Employer Identification Number: 32-0621177

Form: SS-4

Number of this notice: CP 575 G

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB OF THIS NOTICE.

### WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 32-0621177. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

A limited limbility company (LLC) may file Form 8832, Entity Classification Election, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, Election by a Small Business Corporation. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

### IMPORTANT REMINDERS:

- \* Keep a copy of this notice in your permanent records. This notice is issued only one time and IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- \* Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- \* Refer to this EIN on your tax-related correspondence and documents.
- \* Provide future officers of your organization with a copy of this notice.

Your name control associated with this EIN is TPAL. You will need to provide this information, along with your EIN, if you file your returns electronically.

If you have questions about your EIN, you can contact us at the phone number or address listed at the top of this notice. If you write, please tear off the stub at the bottom of this notice and include it with your letter. Thank you for your cooperation.