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(Requestor's Name)

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(Address)

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(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

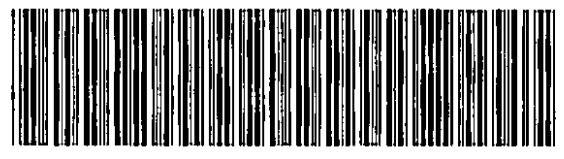
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2022 FEB 22 PM 4:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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✓

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Pacheco Investments 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:

Martin Pacheco

\_\_\_\_\_  
Name of Person

Pacheco Investments LLC

\_\_\_\_\_  
Firm/Company

545 Tuscanny St

\_\_\_\_\_  
Address

Brandon Fl , 33511

\_\_\_\_\_  
City/State and Zip Code

pachecoinvestmentsllc@gmail.com

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

For further information concerning this matter, please call:

Martin Pacheco

714

804-3947

at ( )

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
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. Pacheco Investments 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. Delaware  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. \_\_\_\_\_  
(FEI 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. 545 Tuscanny St  
(Street Address of Principal Office)

6. 545 Tuscanny St  
(Mailing Address)

Brandon FL 33511

Brandon FL 33511

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

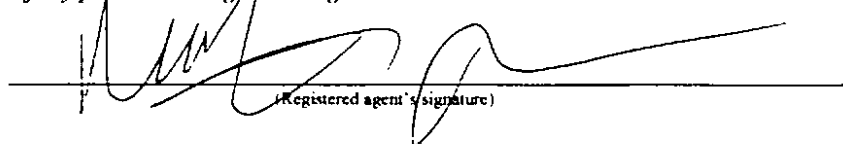
Name: Martin Pacheco

Office Address: 545 Tuscanny St

Brandon FL 33511  
(City) , Florida (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)

**FILED**  
2022 FEB 22 PM 4:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

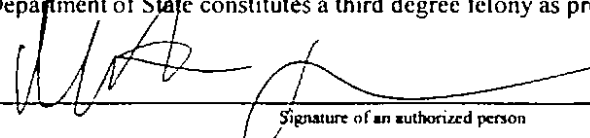
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: Jessica Pacheco	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 545 Tuscanny	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Brandon Fl 33511	<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  
  
Martin Pacheco  
\_\_\_\_\_  
Typed or printed name of signer

# State Of Delaware

## Entity Details

2/17/2022 1:17:11PM

File Number: 6163042

Incorporation Date / Formation Date: 8/12/2021

Entity Name: PACHECO INVESTMENTS LLC

Entity Kind: Limited Liability Company

Entity Type: General

Residency: Domestic

State: DELAWARE

Status: Good Standing

Status Date: 8/12/2021

## Registered Agent Information

Name: MARTIN PACHECO

Address: 3911 CONCORD PIKE #8030

City: WILMINGTON

Country:

State: DE

Postal Code: 19803

Phone:

## LP/LLC/GP Annual Tax - Payment Acknowledgement Copy

File Number:6163042

Name:PACHECO INVESTMENTS LLC

Agent Number:8545628

Agent Name:MARTIN PACHECO

Agent Address:3911 CONCORD PIKE #8030

City:WILMINGTON

State:DE

Zip Code:19803

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Tax Year	LP/LLC/GP Tax	Penalty	1.5% Monthly Interest	Previous Credit/ Balance	Amount Paid	Amount Due
2021	\$300.00	\$0.00	\$0.00	\$0.00	\$300.00	\$0.00

### Payment Information

Amount Paid:\$300.00  
Payment Date:02/17/2022

Payment Method:Credit Card

### Credit Card Information

Card Type:American Express  
Expiration Date:10/2026

Card Number:\*\*\*\*\*1011  
Reference Number:

Name:Martin Pacheco  
Address 1:545 Tuscanny St  
City:Brandon  
Postal Code:33511

Address 2:  
State:FL  
Country:UNITED STATES