

MA2020006183

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

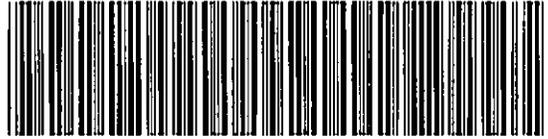
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/11/22--01049--006 **125.00

2022 APR 11 PM 4:48

S. FRANKLIN
APR 21 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LEVERZON TECHNOLOGY 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:

RENAN RUPIRES
Name of Person
LEVERZON TECHNOLOGY LLC
Firm/Company
4058 13th Street #1029
Address
St Cloud/Florida - 34769
City/State and Zip Code
info@leverzon.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Renan Rupires at (407) 4321506
Name of Contact Person Area Code Daytime Telephone Number

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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. LEVERZON TECHNOLOGY 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. MASSACHUSETTS
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 85-2062190
(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. 4058 13th Street #1029
(Street Address of Principal Office)

6. 4058 13th Street #1029
(Mailing Address)

ST CLOUD

ST CLOUD

FLORIDA - 34769

FLORIDA - 34769

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

Name: RENAN RUPIRES

Office Address: 4706 SEELEY STREET

KISSIMMEE, Florida 34758
(City) (Zip code)

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FILED

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:**

Manager Name: RENAN RUPIRES

Member Address: 4058 13th Street #1029

Authorized ST CLOUD

Person FLORIDA - 34769

Other VDST Other _____

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

Manager Name: VICTOR ALENCAR ALMEIDA

Member Address: 4058 13th Street #1029

Authorized ST CLOUD

Person FLORIDA - 34769

Other P Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

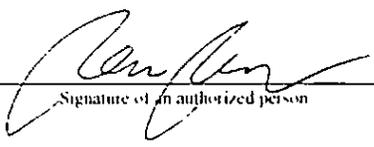
Other _____ Other _____

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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
 RENAN RUPIRES

 Typed or printed name of signee



The Commonwealth of Massachusetts
Secretary of the Commonwealth
State House, Boston, Massachusetts 02133

William Francis Galvin
Secretary of the
Commonwealth

Date: April 06, 2022

To Whom It May Concern :

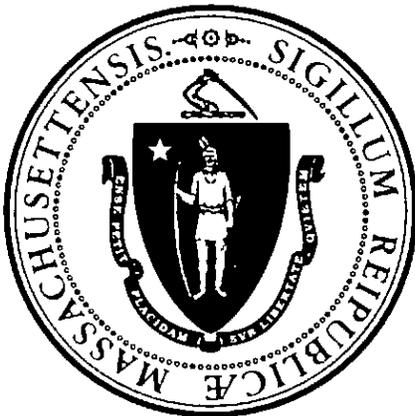
I hereby certify that a certificate of organization of Limited Liability Company was filed
in this office by

LEVERZON TECHNOLOGY LLC

in accordance with the provisions of Massachusetts General Laws, Chapter 156C, on
July 07, 2020.

I further certify that said Limited Liability Company has not filed a Certificate of Cancellation;
that said Limited Liability Company has not been administratively dissolved; and that, so far as
appears of record, said Limited Liability Company has legal existence.

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In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

William Francis Galvin

Secretary of the Commonwealth

Certificate Number: 22040144010

Verify this Certificate at: <http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx>

Processed by: NMa