

M22 0000009780

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

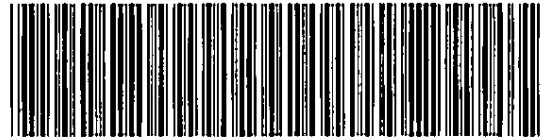
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/25/22--01018--015 **160.00

2022 MAY 25 PM 1:29

APPROVED
AND
FILED

JUN 23 2022
K. Brumley

W22-81342

89

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: JAV SUSTRATOS DOMINICANOS, S.R.L.

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:

FRANK H. FEE, IV, ESQUIRE

Name of Person

FEE, YATES & FEE, PLLC

Firm/Company

426 AVENUE A

Address

FORT PIERCE, FLORIDA 34950

City/State and Zip Code

munnevj@att.net

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

For further information concerning this matter, please call:

FRANK H. FEE, IV, ESQUIRE

772

240-6066

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. JAV SUSTRATOS DOMINICANOS, S.R.L. 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. DOMINICAN REPUBLIC
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FBI 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. 2408 OAK DRIVE
(Street Address of Principal Office)

6. 2408 OAK DRIVE
(Mailing Address)

FORT PIERCE, FLORIDA 34949 FORT PIERCE, FLORIDA 34949

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

Name: FRANK H. FEE, IV, ESQUIRE

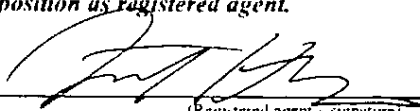
Office Address: 426 AVENUE A

FORT PIERCE, Florida 34950
(City) (Zip code)

APPROVED
AND
FILED
2022 MAY 25 PM 1:29

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)

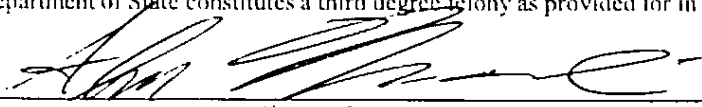
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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: Alan Fletcher Munne	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 2408 Oak Drive	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Fort Pierce, FL 34949	<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: Alan Fletcher Munne	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: 2408 Oak Drive	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Fort Pierce, FL 34949	<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: Julia Dolores Alba de Munne	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: 2408 Oak Drive	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Fort Pierce, FL 34949	<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

ALAN FLETCHER MUNNE, MANAGER

Typed or printed name of signer

****Literally Translation:****

27 of February Ave. No. 228. La Esperilla. Torre Friusa. D.N. ZIP Code 10106
Phone 809-682-2688 Email: servicioalcliente@camarasantodomingo.do Website:www.camarasantodomingo.do RNC:401023687

(LOGO)
CHAMBER
OF COMMERCE AND PRODUCTION
SANTO DOMINGO

(LOGO)
Commercial
Registry

THIS CERTIFICATE WAS GENERATED ELECTRONICALLY AND HAS A VERIFICATION CODE THAT WILL
ALLOWS TO BE VALIDATED BY ENTERING

THE MERCANTILE REGISTRY OF THE CHAMBER OF COMMERCE AND PRODUCTION OF SANTO DOMINGO IN
ACCORDANCE WITH LAW NO. 3-02 OF JANUARY 18, 2002. ISSUES THE FOLLOWING:

**LIMITED LIABILITY COMPANY COMMERCIAL REGISTRATION CERTIFICATE
COMMERCIAL REGISTRY NO. 136099SD**

SOCIAL DENOMINATION: JAV SUSTRATOS DOMINICANOS, S.R.L.

LIMITED LIABILITY COMPANY

RNC: NOT REPORTED

ISSUE DATE: 04/05/2017

EXPIRATION DATE: 04/05/2023

ACRONYMS: NOT REPORTED

NATIONALITY: DOMINICAN REPUBLIC

SHARE CAPITAL: 200,000.00

CURRENCY: RD\$

DATE OF CONSTITUTIVE ASSEMBLY/ACT: 03/23/2017

LAST ASSEMBLY DATE: HAS NOT BEEN CHANGED

DURATION OF THE COMPANY: INDEFINITE

ADDRESS OF THE COMPANY:

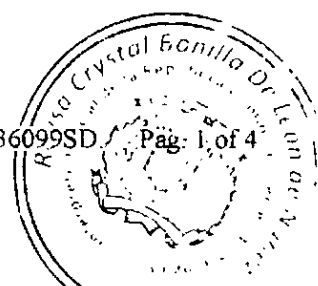
STREET: ORLANDO MARTINEZ NO. 14, LOS MARTINEZ VI BUILDING, APT. 5B

SECTOR: ENS. NACO

MUNICIPALITY: SANTO DOMINGO

VALIDATION NO.: 5DA5E964-5B8F-4FC3-B098-EB0B8866770C.

RM NO. 136099SD. Pag: 1 of 4



27 of February Ave. No. 228. La Esperilla, Torre Friusa, D.N. ZIP Code 10106
Phone 809-682-2688 Email: servicioalcliente@camarasantodomingo.do Website: www.camarasantodomingo.do RNC: 401023687

CONTACT DETAILS OF THE COMPANY:

PHONE (1): (829) 838-0745

PHONE (2): NOT REPORTED

EMAIL: ALAMMUNNE@HOTMAIL.COM

FAX: NOT REPORTED

WEB PAGE: NOT REPORTED

ACTIVITY OF THE COMPANY: SERVICE, TRADE

CORPORATE PURPOSE: TRANSFORMATION AND PROCESSING OF THE RAW MATERIAL EXTRACTED FROM COCONUT IN GENERAL, MANUFACTURING PRODUCTION, SALE, DISTRIBUTION, EXPORT, IMPORT OF COCONUT DERIVATIVES, SO LIKE ALL AGRICULTURAL AND AGROINDUSTRIAL PRODUCTION THAT IS RELATED OR MAY BE RELATED TO THE COCO OR ANY PURPOSE, AS WELL AS PARTICIPATING IN ANY OTHER ACTIONS THAT DIRECTLY OR INDIRECTLY ARE RELATED TO ITS NORMAL ACTIVITIES, AND MAY INTERVENE IN ALL MANAGEMENT AND COMMERCIAL EXPANSION OF LAWFUL COMMERCE, ENJOYING POWERS TO CARRY OUT EVERYTHING ACT THAT WAS NOT EXPRESSLY PROHIBITED BY LAW OR BY ITS STATUTES.

MAIN PRODUCTS AND SERVICES: AGRICULTURAL ACTIVITIES RELATED TO COCONUT

HARMONIZED SYSTEM (HS): NOT REPORTED

PARTNERS:

NAME	ADDRESS	RMM/ID/PASSPORT	NATIONALITY	STATUS CIVIL
ALAN FLETCHER MUNNE ALBA	ORLANDO MARTINEZ St. NO. 14. EDIF. LOS MARTINEZ VI, APTO. 5B SANTO DOMINGO	402-4014399-6	DOMINICAN REPUBLIC	SINGLE
JULIA DOLORES ALBA DE MUNNE	ORLANDO MARTINEZ St. NO. 14. EDIF. LOS MARTINEZ VI, APTO. 5B SANTO DOMINGO	402-3836250-9	DOMINICAN REPUBLIC	MARRIED

NUMBER OF PARTNERS: In this certificate there are 2 of 2 partners

AMOUNT SOCIAL FEES: 2,000.00

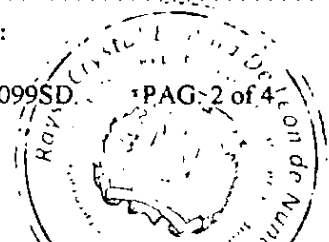
MANAGEMENT BODY:

NAME	POSITION	ADDRESS	RM/ID,Passport	NATIONALITY	STATUS CIVIL
ALAN FLETCHER MUNNE ALBA		ORLANDO MARTINEZ St. NO. 14. EDIF. LOS MARTINEZ VI, APTO. 5B SANTO DOMINGO	402-4014399-6	DOMINICAN REPUBLIC	Single

MANAGEMENT BODY DURATION: 6 YEAR(S)

ADMINISTRATORS/PERSONS AUTHORIZED TO SIGN:

NOT. VALIDATION: SDA5E964-5B8F-4FC3-B098-EB0B8866770C. RM NO. 136099SD.



27 of February Ave. No. 228. La Esperilla, Torre Friusa, D.N. ZIP Code 10106
Phone 809-682-2688 Email: servicioalcliente@camarasantodomingo.do Website: www.camarasantodomingo.do RNC:401023687

NAME	ADDRESS	RMM/ID,PASSPORT	NATIONALITY	STATUS CIVIL
ALAN FLETCHER MUNNE ALBA	ORLANDO MARTINEZ St. NO. 14, EDIF. LOS MARTINEZ VI, APTO. 5B SANTO DOMINGO	402-4014399-6	DOMINICAN REPUBLIC	Single

(COMMISSARY) OF ACCOUNT (IF APPLICABLE)

NOT REPORTED

REGULATORY BODY: NOT REPORTED.

NO. RESOLUTION: NOT REPORTED

TOTAL EMPLOYEE: NOT REPORTED

MALE: NOT REPORTED. FEMALE: NOT REPORTED

BRANCHES/AGENCY/ AFFILIATE: NOT REPORTED

TRADE NAMES

NAME:

NO. REGISTRATION

JAV SUSTRATOS DOMINICANOS

468816

COMMERCIAL REFERENCES.

BANK REFERENCES

NOT REPORTED.

NOT REPORTED

COMMENTARY

DOES NOT HAVE

ACT OF SHERIFF

DOES NOT HAVE

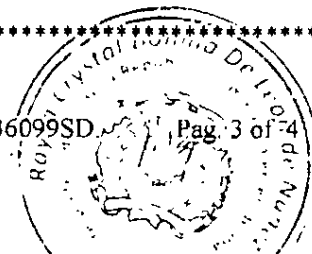
.....
IT IS THE RESPONSIBILITY OF THE USER TO CONFIRM THE TRUTH AND LEGITIMITY OF THIS DOCUMENT
THROUGH ITS VALIDATION CODE ON OUR WEBSITE: WWW.CAMARASANTODOMINGO.DO

THIS CERTIFICATE WAS GENERATED ELECTRONICALLY WITH A DIGITAL SIGNATURE AND HAS FULL
LEGAL VALIDITY IN ACCORDANCE WITH LAW NO. 126-02 ON ELECTRONIC COMMERCE, DOCUMENTS
AND DIGITAL SIGNATURES.

NOT. VALIDATION:5DA5E964-5B8F-4FC3-B098-EB0B8866770C.

RM NO. 136099SD

Pag. 3 of 4



27 of February Ave. No. 228, La Esperilla, Torre Friusa, D.N. ZIP Code 10106
Phone 809-682-2688 Email: servicioalcliente@camarasantodomingo.do Website: www.camarasantodomingo.do RNC:401023687

(Handwritten Signature)
Santiago Mejia Ortiz
Merchant recorder

*** There is nothing else below this line ***

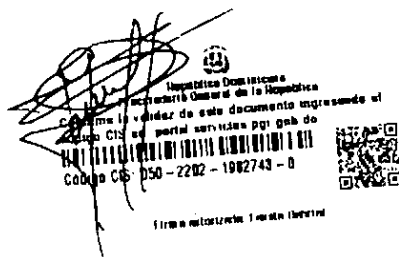
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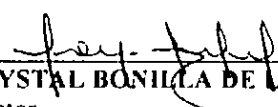
RM NO. 136099SD.

Pag. 4 of 4

****End of Translation****

I, RAYSA CRYSTAL BONILLA DE LEON DE NUÑEZ, do hereby certify that I am a competent Spanish/English translator, named by the Resolution No. 08/2018 by the Judicial Power on 02/20/18, with Office located at Emilio Prud'Homme #32, San Francisco de Macoris, D.R., and that I have done the above translation to the best of my knowledge in accordance to the document as presented to me by the interested party. Subscribed this day, May 18, 2022.




RAYSA CRYSTAL BONILLA DE LEON DE NUÑEZ
Legal Translator

