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(Requestor's Name)

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(Address)

\_\_\_\_\_  
(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

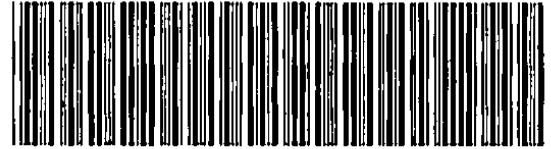
\_\_\_\_\_  
(Business Entity Name)

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

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

Special Instructions to Filing Officer:

Office Use Only



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01/20/22--01027--025 \*\*63

06/15/22--01029--008 \*\*12'

2022 JUL 20 PM 4:25  
TALLAHASSEE, FL

**Cindy T Divido of Ga, Inc.**  
**Independent Bookkeeping Services**  
275 Johnson Street, Senoia, GA 30276

Cindy Divido  
[Cdivido@aol.com](mailto:Cdivido@aol.com)  
Fax 770-727-9093

770-727-9189

LisaAnn Pauli  
[La-Pauli@hotmail.co](mailto:La-Pauli@hotmail.co)

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06-10-2022

Florida Department of State  
Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee FL 32314


RE: Salsa's Property Venture, LLC  
DBPR # DWE5924376  
EIN # 81-2660521

Attached is the application to register a state of Georgia LLC to conduct business in the state of Florida.

The delay in filing timely was not willful neglect. Upon retaining management services for the LLC's residential rental there was a miscommunication as to the follow through of this process.

Any consideration to not enforce a penalty would be greatly appreciated.

Sincerely

  
Cindy Divido

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SPECIALIZING IN ALL OF YOUR ACCOUNTING AND BOOKKEEPING NEEDS

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Salsa's Property Venture, 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

Please return all correspondence concerning this matter to the following:

Cindy Divido

Name of Person

Cindy T Divido of GA Inc

Firm/Company

275 Johnson Street

Address

Senoia GA 30276

City/State and Zip Code

cdivido@aol.com

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

For further information concerning this matter, please call:

Cindy Divido

Name of Contact Person

at ( 770 )

Area Code

727-9189

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. Salsa's Property Venture, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

n/a  
(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. Georgia USA  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 81-2660521  
(FEI number, if applicable)

4. 04-01-2021  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 108 Mall Road  
(Street Address of Principal Office)

6. 275 Johnson St  
(Mailing Address)

Dublin GA 31021

Senoia GA 30276

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

Name: Valerie Cabrera

Office Address: 2310 Kaley Ridge Rd

Clermont, Florida 34715  
(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 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.*

Valerie Cabrera  
(Registered agent's signature)

2022 JUL 20 PM 4:25  
VALERIE CABRERA

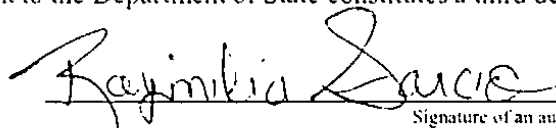
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons at manage [up to six (6) total]:

<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: <u>Raymilia Garcia</u>	<input type="checkbox"/> Manager	Name: <u>Raymilia Garcia-Presic</u>
<input type="checkbox"/> Member	Address: <u>106 Prestige Dr</u>	<input checked="" type="checkbox"/> Member	Address: <u>108 Mall Road</u>
<input type="checkbox"/> Authorized	<u>Warner Robins GA 31088</u>	<input type="checkbox"/> Authorized	<u>Dublin GA 31021</u>
Person	_____	Person	<u>Salsa's Mexican Restaurant Inc</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>n/a</u>	<input type="checkbox"/> Manager	Name: <u>n/a</u>
<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: <u>n/a</u>	<input type="checkbox"/> Manager	Name: <u>n/a</u>
<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 t jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under c 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

Raymilia Garcia

Typed or printed name of signer

# STATE OF GEORGIA

## Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

### CERTIFICATE OF EXISTENCE

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the my office that

**SALSA'S MEXICAN RESTAURANT INC**  
a Domestic Profit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. I do not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 23242  
Date Inc/Auth/Filed: 12/19/  
Jurisdiction : Georgia  
Print Date : 06/10/  
Form Number : 211



*Brad Raffensperger*

Brad Raffensperger  
Secretary of State