## M2200014610

(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:
2echa2





100392166181

09/08/22--01030--009 \*\*70.00

09/21/22--01008--003 \*\*55.00

2022 SEP 19 M12: 16

SEP 21 2022 M. SOLOMON

## COVER LETTER

TO:

Registration Section

BJECT:	Name of Limited Liability Company
e enclosed "Application by Foreign I istence, and check are submitted to re	
use return all correspondence concer	ning this matter to the following:
	OSCAL PENCE Name of Person
	Name of Person
	BRACHIN LLC
	Firm/Company
3570 f	Address  Florida 34112  City/State and Zip Code
. 0.	Address • · · · · · · · · · · · · · · · · · ·
NAMES,	Florida 34112
•	City/State and Zip Code
	OS CAR C BRACHTN, COM  all address: (to be used for future annual report notification)
E-ma	ail address: (to be used for future annual report notification)
further information concerning this	and the second of the second o
DSCAR	Penez 386, 258-2191
Name of Cont	
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations
Tallahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
·	Tallahassee, FL 32303
Enclosed is a check for the follo	Oviny amount
	FLORIDA DEPARTMENT OF STATE

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTEN THE FOLLOWING IN SUBMITTED TO COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:  1. BRACHEW LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or	
(H'name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include:  2.	
4. (Date first transacted business in Florida, if prior to registration.) (See sections 605 0904 & 605 0905, F.S. to determine penalty liability)	
5. 3570 HALDEMAN CREEK 6. SA (Street Address of Principal Office)  DRIVE [[]]	2022 SEP
NAPLES, FLORIDA 34112	5557 G T
7. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)	
Name: OSCAR PENET Office Address: 3570 HALDEMON CHETER	
Office Address: 3570 HAIDEMAN CHEEK  WAPLES  (City) Florida 12	
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.

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 Capacity:		Name and Address:	
□Manager	Name: OSCAR POPULO	□Manager	Name:		
Member	Address: 35+0 Haldom An	□Member	Address:		
□Authorized	NAPLES, FLORIDA 34112	□Authorized			
Person	NAPLES, FLORIDA 34112	Person			
□Other	Other	□Other		□Other	
□Manager	Name:	□Manager	Name:	10-10-10-1	
□Member	Address:	□Member	Address:		
□Authorized		□Authorized			
Person		Person		SE SE	1
Other	Other	□Other	<del></del>	□Other Spin G	F
				75.51.5 1.5.	
□Manager	Name:	□Manager	Name:		
□Member	Address:	□Member	Address:		
□Authorized	<del></del>	□Authorized			
Person		Person		71.72.72.72.7	
□Other	Other	□Other		□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.

Supriture of an authorized person

Page 1



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

DELAWARE, DO HEREBY CERTIFY "BRACHIN 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 AUGUST, A.D. 2022.



Authentication: 204242413

Date: 08-24-22



September 8, 2022

OSCAR PEREZ BRACHIN LLC 3570 HALDEMAN CREEK DRIVE 111 NAPLES, FL 34112

SUBJECT: BRACHIN LLC Ref. Number: W22000103847

We have received your document for BRACHIN LLC and check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$55.00.

Please accept our apology for failing to mention this in our previous letter.

The form you submitted is for a Foreign Corporation, but your entity is a Foreign LLC. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon Senior Section Administrator

Letter Number: 622A00019948

RECEIVED
SEP 1 9 2022



August 11, 2022

OSCAR PEREZ BRACHIN LLC 3570 HALDEMAN CREEK DRIVE 111 NAPLES, FL 34112

SUBJECT: BRACHIN LLC Ref. Number: W22000103847

We have received your document for BRACHIN LLC and check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 822A00017976

Mel Solomon Senior Section Administrator

www.sunbiz.org