

M2300001302

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H23000040296 3))



H2300004029634EC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6363

From:

Account Name : HARVARD BUSINESS SERVICES, INC.
Account Number : 120080000045
Phone : (302)645-7400
Fax Number : (302)645-1280

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: vesid87@hotmail.com

Foreign Limited Liability Company
TELCOSUB USA LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

2023 Jan 31 12:05 PM

2023 Jan 31 12:05 PM

Electronic Filing Menu

Corporate Filing Menu

Help

S. FRANKLIN
FEB 01 2023

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

IN COMPLIANCE WITH SECTION 901.02, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

1. TELCO SUB USA LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "F.L.C.")

2. Where will the principal place of business of the company be located in the State of Florida? (If the company is not located in the State of Florida, the principal place of business must be located in the State of Florida.)

Delaware

3. The jurisdiction of the state of the company is the state of the company, the jurisdiction of the company is the state of the company.

4. (If the company is not located in the State of Florida, the principal place of business must be located in the State of Florida.)
(See sections 605.09(4) & 607.09(4), F.S., to determine penalty for false statement.)

1801 NE 123rd St, Suite 314

1801 NE 123rd St, Suite 314

5. (If the company is not located in the State of Florida, the principal place of business must be located in the State of Florida.)
North Miami, FL 33181

6. (If the company is not located in the State of Florida, the principal place of business must be located in the State of Florida.)
North Miami, FL 33181

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

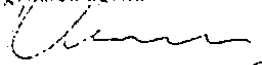
Name: Yesid Sanchez

Office Address: 1801 NE 123rd St, Suite 314

North Miami 33181
Florida

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.



(Print name and title of 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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
☒ Manager	Name: Francisco Villacreses	☐ Manager	Name: _____
☒ Member	Address: 1801 NE 123rd St, Suite 312	☐ Member	Address: _____
☐ Authorized	North Miami, FL 33181	☐ Authorized	_____
☐ Person	_____	☐ Person	_____
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____
☐ Manager	Name: _____	☐ Manager	Name: _____
☐ Member	Address: _____	☐ Member	Address: _____
☐ Authorized	_____	☐ Authorized	_____
☐ Person	_____	☐ Person	_____
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____
☐ Manager	Name: _____	☐ Manager	Name: _____
☐ Member	Address: _____	☐ Member	Address: _____
☐ Authorized	_____	☐ Authorized	_____
☐ Person	_____	☐ Person	_____
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be unused 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 authorized person
Francisco Villacreses
I declare under penalty of perjury

Delaware

The First State

Page 1

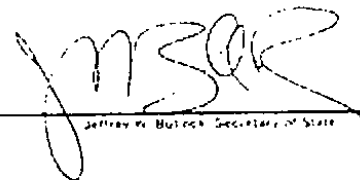
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TELCOSUB USA LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTY-FIRST DAY OF JANUARY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TELCOSUB USA LLC" WAS FORMED ON THE EIGHTH DAY OF DECEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

2023 1 1 11:00




Jeffrey W. Bullock, Secretary of State

6458070 8300

SR# 20230315826

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202611180

Date: 01-31-23