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Florida Department of State
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**Foreign Limited Liability Company
ATP ENTERPRISE LIMITED LLC**

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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. ATP ENTERPRISE LIMITED 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")

HONG KONG

2. (Jurisdiction under the law of which foreign limited liability company is organized)

3. (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)

66 WEST FLAGLER ST SUITE 900

66 WEST FLAGLER ST SUITE 900

5. (Street Address of Principal Office)

6. (Mailing Address)

MIAMI, FL 33130

MIAMI, FL 33130

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

Name: USHUAIA LLC

Office Address: 8175 NW 12TH ST SUITE 120

DORAL

(City)

Florida 33126

(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 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)

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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 type="checkbox"/> Manager	Name: <u>ARMANDO FRANCISCO SOSA DAVILA</u>	<input type="checkbox"/> Manager	Name: <u>LEONARDO RAFAEL SOSA DA</u>
<input checked="" type="checkbox"/> Member	Address: <u>8500 NW 70TH ST</u>	<input checked="" type="checkbox"/> Member	Address: <u>66 WEST FLAGLER ST SUITE</u>
<input type="checkbox"/> Authorized	<u>MIAMI, FL 33166</u>	<input type="checkbox"/> Authorized	<u>MIAMI, FL, 33130</u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other	<u></u>	<input type="checkbox"/> Other	<u></u>
<input type="checkbox"/> Manager	Name: <u></u>	<input type="checkbox"/> Manager	Name: <u></u>
<input type="checkbox"/> Member	Address: <u></u>	<input type="checkbox"/> Member	Address: <u></u>
<input type="checkbox"/> Authorized	<u></u>	<input type="checkbox"/> Authorized	<u></u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other	<u></u>	<input type="checkbox"/> Other	<u></u>
<input type="checkbox"/> Manager	Name: <u></u>	<input type="checkbox"/> Manager	Name: <u></u>
<input type="checkbox"/> Member	Address: <u></u>	<input type="checkbox"/> Member	Address: <u></u>
<input type="checkbox"/> Authorized	<u></u>	<input type="checkbox"/> Authorized	<u></u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other	<u></u>	<input type="checkbox"/> Other	<u></u>

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 the signature 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

ARMANDO FRANCISCO SOSA DAVILA

Typed or printed name of signer

編號 3002344
No. _____



公 司 註 冊 處
COMPANIES REGISTRY

公 司 迄 今 仍 註 冊 證 書
CERTIFICATE OF CONTINUING REGISTRATION

本人謹此證明
I hereby certify that

ATP ENTERPRISE LIMITED

於二〇二〇年十二月十六日根據當時有效的《公司條例》
was incorporated in Hong Kong on 16 December 2020 under the Companies Ordinance
在香港成立為法團，以及該公司於本證書發出當日仍然在
as then in force and, as at the date of this certificate, this company remains registered
根據香港法例第622章《公司條例》備存的公司登記冊內
as a limited company in the Companies Register maintained under the
註冊為有限公司。

Companies Ordinance (Chapter 622 of the Laws of Hong Kong).

本證書於二〇二三年一月三十一日發出。
Issued on 31 January 2023 .

香港特別行政區公司註冊處處長鄧婉雯

Miss Helen TANG

Registrar of Companies
Hong Kong Special Administrative Region