

3/7/23, 11:59 AM

Division of Corporations

M 23000002884

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.

((H23000087001 3)))



H230000870013ABCV

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)617-6383

From:

Account Name : VIP ACCOUNTING & BUSINESS CONSULTING , LLC
Account Number : 120100000072
Phone : (954)228-2410
Fax Number : (954)228-2411

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

Email Address: Vitor.Bidart@VipBusiness.Com

**Foreign Limited Liability Company
PAPPSALES.COM, LLC.**

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$125.00

2023-03-07 PM 5:01

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

H23000087001 3

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PAPPSALES.COM, 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 Florida.

Please return all correspondence concerning this matter to the following:

VITOR BIDART

Name of Person

VIP BUSINESS CONSULTING LLC

Firm/Company

2255 GLADES ROAD, SUITE #122-A

Address

BOCA RATON, FL, 33431

City/State and Zip Code

vitor.bidart@vipbusiness.com

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

For further information concerning this matter, please call:

Vitor Bidart

954

228-2410

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

H23000087001 3

**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. PAPPSALES.COM, 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. DELAWARE

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

3. 88-2414026

(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)

2255 GLADES ROAD, SUITE #122-A

6. SAME

5. (Street Address of Principal Office)

(Mailing Address)

BOCA RATON

FLORIDA - 33431

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

Name: VIP BUSINESS CONSULTING LLC

Office Address: 2255 GLADES ROAD, SUITE #122-A

BOCA RATON

(City)

Florida 33431

(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)

2023 MAR 7 PM 5:01

H23000087001 3

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: VITOR BIDART	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 2255 GLADES ROAD #122-A	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	BOCA RATON - FL-33431	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other	_____	<input type="checkbox"/> Other	_____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<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"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<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	_____

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

VITOR BIDART - MANAGER

Typed or printed name of signee

H23000087001 3
Delaware
The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "PAPPSALES.COM, 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 SEVENTEENTH DAY OF FEBRUARY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PAPPSALES.COM,
LLC" WAS FORMED ON THE NINETEENTH DAY OF MAY, A.D. 2022.



6808352 8300

SR# 20230459832

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

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 202738718

Date: 02-17-23

H23000087001 3

CERTIFICATE OF FORMATION
OF
LIMITED LIABILITY COMPANY

FIRST: The name of the limited liability company is PAPPSALES.COM, LLC.

SECOND. The address of its registered office in the State of Delaware is 251 Little Falls Drive, Wilmington, Delaware, 19808. The name of its registered agent at such address is CorpAmerica, Inc.

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Formation this 19th day of May, 2022.

By: /s/ Vitor Bidart
Vitor Bidart
Authorized Person