

M23000005962

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

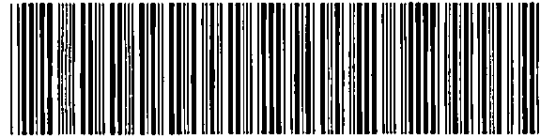
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M. SOLOMON

MAY - 8 2023

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: GRUPO EYNI 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:

EDMUND SANTIAGO

Name of Person

GRUPO EYNI LLC

Firm/Company

1300 PONCE DE LEON BLVD., SUITE 103

Address

CORAL GABLES, FL 33134

City/State and Zip Code

ESANTIAGO@REDBRIDGE.CC

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

For further information concerning this matter, please call:

EDMUND SANTIAGO

305

903-1252

Name of Contact Person

at ( )

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 & ☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate  
Certificate of Status    Certified Copy    of Status & Certified Copy

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

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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. GRUPO EYNI 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. PUERTO RICO

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

3. 66-0623993

(FEI number, if applicable)

4. MAY 23, 2019 DATE OF REGISTRATION

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

5. COND VILLAS DEL MAR OESTE, APT PHL

(Street Address of Principal Office)

6. COND VILLAS DEL MAR OESTE, APT PHL

(Mailing Address)

ILSA VERDE, PR 00979

ILSA VERDE, PR 00979

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

Name: EDMUND SANTIAGO

Office Address: 9395 SW 108 STREET

MIAMI

(City)

Florida 33176

(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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CLERK OF STATE  
TALLAHASSEE, FLORIDA

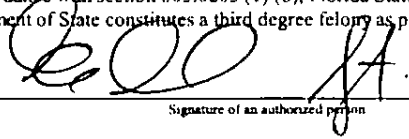
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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:	Edmund Santiago		<input type="checkbox"/> Manager	Name:		
<input checked="" type="checkbox"/> Member	Address:	9395 SW 108 St.		<input type="checkbox"/> Member	Address:		
<input checked="" type="checkbox"/> Authorized		Miami, FL 33176		<input type="checkbox"/> Authorized			
	Person				Person		
<input checked="" type="checkbox"/> Other	President			<input type="checkbox"/> Other			
<input type="checkbox"/> Manager	Name:	Sandra Santiago		<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:	9395 SW 108 St.		<input type="checkbox"/> Member	Address:		
<input checked="" type="checkbox"/> Authorized		Miami, FL 33176		<input type="checkbox"/> Authorized			
	Person				Person		
<input checked="" type="checkbox"/> Other	VP			<input type="checkbox"/> Other			
<input type="checkbox"/> Manager	Name:	Michael Santiago		<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:	9395 SW 108 St.		<input type="checkbox"/> Member	Address:		
<input checked="" type="checkbox"/> Authorized		Miami, FL 33176		<input type="checkbox"/> Authorized			
	Person				Person		
<input checked="" type="checkbox"/> Other	Secretary			<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  
  
Edmund Santiago  
\_\_\_\_\_  
Typed or printed name of signer

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CLERK OF STATE  
TALLAHASSEE, FLORIDA



## CERTIFICATE OF EXISTENCE

I, **Omar J. Marrero Diaz**, **Secretary of State** of the Government of Puerto Rico,

**CERTIFY:** That according to our records **GRUPO EYNI LLC**, with registration number **130160**, is a **domestic for profit limited liability company** organized on **September 3, 2002**.

*This certification does not certify that this corporation has filed its annual reports, pursuant to the requirements of the General Corporations Law, as amended. If you need to know if such reports have been filed, you must request a Certificate of Good Standing.*



**IN WITNESS WHEREOF**, the undersigned by virtue of the authority vested by law, hereby issues this certificate and affixes the Great Seal of the Government of Puerto Rico, in the City of San Juan, Puerto Rico, today, **February 8, 2023**.

**Omar J. Marrero Diaz**  
Secretary of State

To validate this certificate go to: <https://estado.pr.gov/>

This certificate can be validated an unlimited number of times before its expiration date of 08-Feb-2024.

Certificate Validation Number: **518235-96362128**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 16, 2023

EDMUND SANTIAGO  
1300 PONCE DE LEON BLVD., SUITE 103  
CORAL GABLES, FL 33134 US

SUBJECT: GRUPO EYNI LLC  
Ref. Number: W23000036044

We have received your document for GRUPO EYNI, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp." "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

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

Andrea Andrews  
Regulatory Specialist II  
Registration Section

Letter Number: 323A00006148