

M23000008317

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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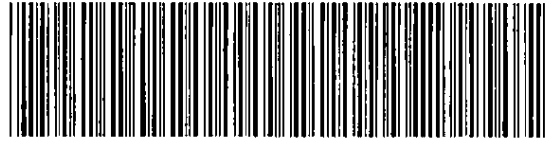
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

W23-83102



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 13, 2023

JAN RENE BENVENUTTI FOX
21162 BRISAS DEL BOSQUE
CAYEY, PR 00936 US

SUBJECT: BORINKEN MARINE GROUP, LLC
Ref. Number: W23000083102

We have received your document for BORINKEN MARINE GROUP, LLC and check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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

Ariel Jones
Regulatory Specialist II

Letter Number: 523A00013377

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BORINKEN MARINE GROUP, 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:

JAN RENE BENVENUTTI FOX

Name of Person

BORINKEN MARINE GROUP, LLC

Firm/Company

21162 BRISAS DEL BOSQUE

Address

CAYEY, PR 00936

City/State and Zip Code

JBENVENUTTI@BMG-PR.COM

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

For further information concerning this matter, please call:

JAN BENVENUTTI

787

400-4552

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

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. BORINKEN MARINE GROUP, 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. COMMONWEALTH OF PUERTO RICO
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FEI number, if applicable)

4. MAY 30, 2023
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability.)

5. 21162 BRISAS DEL BOSQUE
(Street Address of Principal Office)

6. 21162 BRISAS DEL BOSQUE
(Mailing Address)

CAYEY, PR 00736

CAYEY, PR 00736

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

Name: RUBEN IGLESIAS

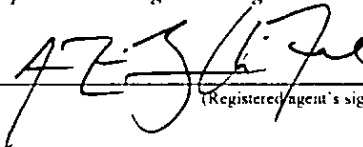
Office Address: 6900 Tavistock Lake Blvd., Suite 400

ORLANDO, FL 32827
(City) Florida (Zip code)

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SECRETARY OF STATE
TALLAHASSEE, FL

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)

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: <u>CARLOS X. ACOSTA</u>	<input checked="" type="checkbox"/> Manager	Name: <u>RUBEN IGLESIAS</u>
<input checked="" type="checkbox"/> Member	Address: <u>21162 BRISAS DEL BOSQUE</u>	<input checked="" type="checkbox"/> Member	Address: <u>21162 BRISAS DEL BOSQUE</u>
<input checked="" type="checkbox"/> Authorized	<u>CAYEY, PR 00736</u>	<input checked="" type="checkbox"/> Authorized	<u>CAYEY, PR 00736</u>
Person	<u>CARLOS X. ACOSTA</u>	Person	<u>RUBEN IGLESIAS</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>NELSON SANCHEZ</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>21162 BRISAS DEL BOSQUE</u>	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	<u>CAYEY, PR 00736</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>JAN RENE BENVENUTTI FOX</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>21162 BRISAS DEL BOSQUE</u>	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	<u>CAYEY, PR 00736</u>	<input type="checkbox"/> Authorized	_____
Person	<u>JAN BENVENUTTI</u>	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<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

CARLOS X. ACOSTA

Typed or printed name of signer

RECEIVED

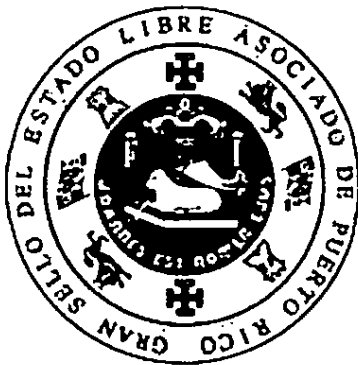
JUN 23 2023



CERTIFICATE OF GOOD STANDING

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

CERTIFY: That, pursuant to Puerto Rico's General Law of Corporations, **BORINKEN MARINE GROUP LLC**, register number **332061**, a **for profit** domestic Limited Liability Company organized under the laws of Puerto Rico on **November 6, 2013**, has complied with the payment of its Annual Fees.



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, **May 30, 2023**.

Omar J. Marrero Díaz
Secretary of State

To validate this certificate go to:

<https://estado.pr.gov/>

This certificate is valid for one (1) year from issue date (Regulation 8688, Art. 26). However, it is subject to faithful compliance with the provisions of Chapter XV and Chapter XXI of Act 164-2009, as applicable.

Certificate Validation Number: **555020-15339124**