

M23000000 8682

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

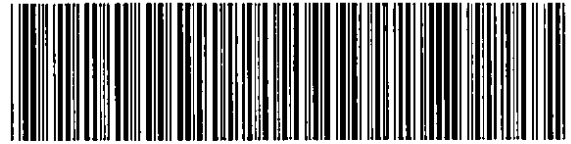
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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APPROVED  
AND  
FILED

2023 JUL - 6 PM 5:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

2023 JUL - 6 PM 3:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUL 06 2023

K. Brumley

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

Please use this account number for payment: J20210000160: \$160.00

Authorization Signature: \_\_\_\_\_

Disla Management LLC

Business

Doc#

☒ **Certified Copy of Articles**

☒ **Certificate of Status**

**NEW FILINGS**

☐ Profit Corp  
☐ Not for Profit  
☐ Officer/Director  
☐ Limited Liability  
☐ Domestication  
☐ Other  
☐ **CORP**  
☐ **LLLP**

**AMENDMENTS**

☐ Amendment  
☐ Resignation of R.A. or member  
☐ Dissolution  
☐ Change of Registered Agent  
☐ Revocation of Dissolution  
☐ Merger  
☐ **Conversion**  
☐ **Amended and restated Articles**  
☐ **Statement of Authority**

**OTHER FILINGS**

☐ **Trademark**  
☐ Annual Report  
☐ Fictitious Name  
☐ APOSTILLE:  
Country

**REGISTRATION/QUALIFICATIONS**

☒ Foreign filing  
☐ Limited Partnership  
☐ Reinstatement  
☐ Other

**EXAMINER'S INITIALS:** \_\_\_\_\_

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

Disla Management LLC

**SUBJECT:** \_\_\_\_\_  
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:

Juan Disla

\_\_\_\_\_  
Name of Person

Disla Management

\_\_\_\_\_  
Firm/Company

3 Bayberry Drive

\_\_\_\_\_  
Address

Kinnelon, NJ 07405

\_\_\_\_\_  
City/State and Zip Code

Familydisla@gmail.com

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

For further information concerning this matter, please call:

Juan Disla

201

279-8442

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. Disla Management LLC

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

2. New Jersey

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

3. 27-2647-305

(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)

5. 3 Bayberry Drive

(Street Address of Principal Office)

Kinnelon, NJ 07405

6. 3 Bayberry Dr.

(Mailing Address)

Kinnelon, NJ 07405

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

Name:

Juan Disla

Office Address:

71 Emerald woods dr, #F1

Naples

(City)

Florida

34108

(Zip code)

2023 JUL - 6 PM 5:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

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]:

Title or Capacity:

Name and Address:

☒ Manager

Name: Juan Disla

☐ Member

Address: 3 Bayberry Dr

☒ Authorized

Kinnelon, NJ 07405

Person

☐ Other

☐ Other

☐ Manager

Name:

☐ Member

Address:

☐ Authorized

Person

☐ Other

☐ Other

☒ Manager

Name:

☐ Member

Address:

☐ Authorized

Person

☐ Other

☐ Other

Title or Capacity:

Name and Address:

☐ Manager

Name:

☐ Member

Address:

☐ Authorized

Person

☐ Other

☐ Other

☐ Manager

Name:

☐ Member

Address:

☐ Authorized

Person

☐ Other

☐ Other

☐ Manager

Name:

☐ Member

Address:

☐ Authorized

Person

☐ Other

☐ 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

Juan Disla

STATE OF NEW JERSEY  
DEPARTMENT OF THE TREASURY  
DIVISION OF REVENUE AND ENTERPRISE SERVICES  
SHORT FORM STANDING

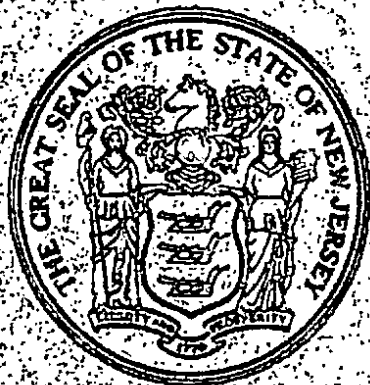
DISLA MANAGEMENT LIMITED LIABILITY COMPANY  
0400350460

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on May 24, 2010.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

JUAN DISLA  
3 BAYBERRY DRIVE  
KINNELON, NJ 07405



IN TESTIMONY WHEREOF, I have  
hereunto set my hand and affixed  
my Official Seal at Trenton, this  
5th day of July, 2023

Elizabeth Maher Muoio  
State Treasurer

Certificate Number: 6144545569

Verify this certificate online at:

[https://www.state.nj.us/TYTR-StandingCert/USP/Verify\\_Cert.jsp](https://www.state.nj.us/TYTR-StandingCert/USP/Verify_Cert.jsp)