

M23000009156

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

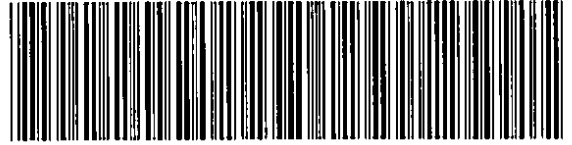
(Document Number)

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W23000009156

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02/07/23--0103A--009 \*\*87.50

03/15/23--01008--015 \*\*37.50

APPROVED  
AND  
FILED  
2023 JUL 17 AM 11:33  
SECRETARY OF STATE  
TALLAHASSEE, FL 32301

JUL 17 2023  
K. Brumley



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 25, 2023

JUAN C. LOVILL  
234 HANCOX AVENUE  
NUTLEY, NJ 07110

SUBJECT: ANDRES CONSULTING ENGINEERING & SURVEYING, PLLC  
Ref. Number: W23000026238

We have received your document for ANDRES CONSULTING ENGINEERING & SURVEYING, PLLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Foreign Corp, but your entity is a Foreign LLC. Please complete and return the enclosed blank form(s).

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

Florida law does not provide for the recognition of a foreign professional limited liability company. An acceptable limited liability company suffix will need to be added to your entity name for this Department to accept and file your document.

There is a balance due of \$37.50.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6053.

Yvette Scott  
Supervisor

Letter Number: 923A00004535

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: AndesCES, 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:

Juan C. Lovill

Name of Person

Andes Consulting Engineering & Surveying, pllc

Firm/Company

234 Hancox Avenue

Address

Nutley, NJ 07110

City/State and Zip Code

AndesCES.JCL@gmail.com

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

For further information concerning this matter, please call:

Michael W. Finkbeiner

Name of Contact Person

727 203

Area Code

239-0607 561-3293 Largo FL cell

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. Andes Consulting Engineering & Surveying, PLLC 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. New York  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 46-2691427  
(FEI number, if applicable)

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

5. 234 Hancox Ave  
(Street Address of Principal Office)

6. 234 Hancox Ave  
(Mailing Address)

Nutley, NJ 07110

Nutley, NJ 07110

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

Name: Michael W. Finkbeiner

Office Address: 2401 West Bay Dr. Suite 116

Largo, Florida 33770  
(City) (Zip code)

2023 JUL 17 AM 11:33  
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.

Michael W Finkbeiner  
(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 C. Lovill

☒ Member                      Address: 234 Hancox Ave

☐ Authorized                      Nutley, NJ 07110

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: Michael W. Finkbeir

☐ Member                      Address: 50 Harborview Lane

☐ Authorized                      Belleair Bluffs, FL 33

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.

Michael W Finkbeiner  
Signature of an authorized person

Michael W. Finkbeiner  
Typed or printed name of signee

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be file in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of th certificate, the following entity information is reflected:

Entity Name: ANDES CONSULTING ENGINEERING & SURVEYING, PLLC  
DOS ID Number: 5116464  
Entity Type: DOMESTIC PROFESSIONAL SERVICE LIMITED LIABILITY COMPANY  
Entity Status: EXISTING  
Date of Initial Filing with DOS: 04/07/2017  
  
Statement Status: CURRENT  
Statement Due Date: 04/30/2023

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State,  
at the City of Albany, on January 18, 2023 at 08:43 A.M.

ROBERT J. RODRIGUEZ, Secretary of State

By Brendan C. Hughes  
Executive Deputy Secretary of State