

M23000009418

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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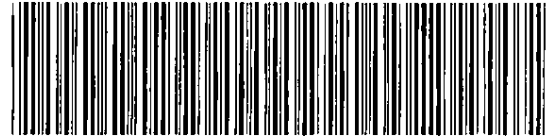
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TAMPA, FL

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** GAMA LUXURY CONCIERGE 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:

Carlos Favela

Name of Person

Firm/Company

2134 E San Luis St

Address

Compton, CA 90221

City/State and Zip Code

favelac88@gmail.com

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

For further information concerning this matter, please call:

Carlos Favela

310 at (    )

6611054

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. GAMA LUXURY CONCIERGE LLC

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

GAMA LUXURY 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. Montana

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

3. 92-3901989

(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. 314 N Last Chance Gulch, Suite 346

(Street Address of Principal Office)

Helena, MT 59601

6. 314 N Last Chance Gulch, Suite 346

(Mailing Address)

Helena, MT 59601

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

Name: Carlos Favela


Office Address: 515 E Las Olas Blvd, Suite 120

Fort Lauderdale, Florida 33301  
(City) (Zip code)

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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)

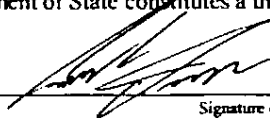
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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: Carlos Favela	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: 2134 E San Luis St	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	Compton, CA 90221	<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: _____	<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"/> 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"/> Other _____	<input type="checkbox"/> Other _____

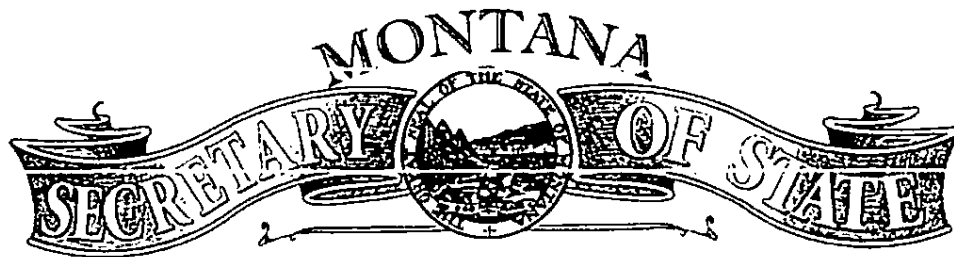
**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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 Favela  
\_\_\_\_\_  
Typed or printed name of signer



## CERTIFICATE OF FACT

I, **CHRISTI JACOBSEN**, Secretary of State for the State of Montana, do hereby certify the following information for the limited liability company:

### **Gama Luxury Concierge LLC**

Date Organized: **July 21, 2021**

Term: **Perpetual**

Status: **Active-Good Standing**

Jurisdiction: **Montana**

Purpose: **Business Management**

Registered Agent: **NORTHWEST REGISTERED AGENT LLC**

Agent Physical Address: **STE 600 1001 S MAIN STREET, KALISPELL, MT 59901, UNITED STATES**

Agent Mailing Address: **STE 600 1001 S MAIN ST, KALISPELL, MT 59901-5635,**

Principal Office Address: **314 N LAST CHANCE GULCH, SUITE V346, HELENA, MT 59601, UNITED STATES**

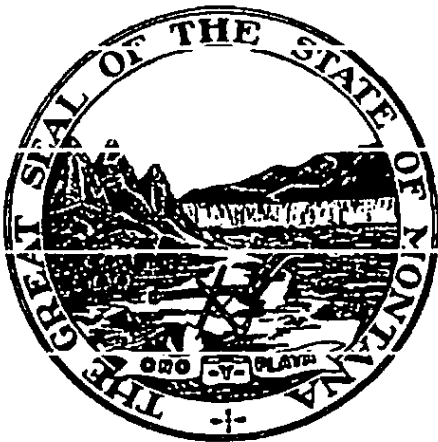
LLC Management: **Manager Managed**

Managers/Members

- **Carlos Favela, 314 N LAST CHANCE GULCH, SUITE V346, HELENA, MT 59601, UNITED STATES**

History Detail:

- **05/05/2023 Articles of Amendment**
- **01/10/2023 Annual Report 2023**
- **03/01/2022 (RA) Statement of Change of Commercial Registered Agent**
- **01/19/2022 Annual Report 2022**
- **07/21/2021 Initial Filing**



IN WITNESS WHEREOF, I have hereunto set my hand  
and affixed the Great Seal of the State of Montana. at  
Helena, the Capital, this 5th day of May, 2023

*Christi Jacobsen*

Christi Jacobsen  
Montana Secretary of State  
Certificate Number: 40055317