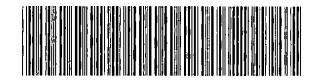
M23000010293

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, ,
(Document Number)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:
305 W23-108360
W23-100360

Office Use Only



900411666059

07/11/23--01024--018 **130.08



July 21, 2023

RICARDO VILFRANCHE 13700 SW 256TH ST APT 305 HOMESTEAD, FL 33032 US

SUBJECT: LUBE N GO EXPRESS LLC

Ref. Number: W23000100360

We have received your document for LUBE N GO EXPRESS 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):

There is no second page included with you application. Please fill out the second page and sen it in.,

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) 245-6051.

Andrea Andrews Regulatory Specialist II

Letter Number: 123A00016374

RECFIVED
AUG U 7 2023

COVER LETTER

TO:

Registration Section

Div	ision of Corporations		
SUBJECT:	LUBE N GO EXPRESS LLC		
John Jot.		of Limited Liability Company	
		ompany for Authorization to Transact Business in Florida," Certificate of eferenced foreign limited liability company to transact business in Florida.	
Please return	all correspondence concerning this matter to	the following:	
	RICARDO VILFRANCHE		
		Name of Person	
	LUBE N GO EXPRESS LLC		
		Firm/Company	
	13700 SW 256TH ST APT 305		
	Address		
	HOMESTEAD, FL 33032		
	Cit	y/State and Zip Code	
	LUBENGOEXPRESS@GMAIL.COM		
	E-mail address: (to be	used for future annual report notification)	
For further in	nformation concerning this matter, please call:		
RIC	CARDO VILFRANCHE	203 5481241 at ()	
	Name of Contact Person	Area Code Daytime Telephone Number	
	iling Address:	Street Address:	
	gistration Section	Registration Section	
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee	
	llahassee, FL 32314	2415 N. Monroe Street, Suite 810	
1 21	iditassee, 115 32314	Tallahassee, FL 32303	
Plea	losed is a check for the following amount: ase make check payable to: FLORIDA DEPA \$125.00 Filing Fee \$130.00 Filing Fee Certificate of	& 🔲 \$155.00 Filing Fee & 🔲 \$160.00 Filing Fee, Certificate	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

L(Name of Foreign Li	imited Liability Company; must include "Limited	Liability Company," "L.L.C.," or "LLC.")			_
If name unavailable, enter alternate nan	me adopted for the purpose of transacting business in Flo	rida. The alternate name must include "Limited Liability 26-3982266	y Company," "I	L.L.C, Tor "	LLC."i
(Jurisdiction under the law of whice	ch foreign limited liability company is organized)	3. (FEI number, if	applicable)		-
l			_		
13700 SW 256TH ST A	(Date first transacted business in Florida, if prior to re (See sections 605 0904 & 605,0905, F.S. to determin PT 305	rgistration.) e penalty fiability) 13700 SW 256TH ST APT 305			
Street Address of Principal Office)		6(Mailing Address)			_
HOMESTEAD, FL 3303		HOMESTEAD, FL 33032			
	of Florida registered agent: (P.O. Box RICARDO VILFRANCHE	NOT acceptable)	27 ₁ -	2023 AUG -	- / [
•	13700 SW 256TH ST APT 305		جر <u>ت</u> ۱۷	<u>`</u>	i
Office Address:				PH -	101
	HOMESTEAD	33032		$\ddot{\sim}$	
		, Florida		1 5	
			-	_	

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:	Title or Capacit	<u>Y:</u>	Name and Address:
■Manager	RICARDO VILFRANCHE Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized	HOMESTEAD, FL 33032	□Authorized		
Person		Person		
□Other	Other	□Other		□Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
□Other	Other	□Other		□Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
□Other	Other	□Other		Other

<u>Important Notice:</u> 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

Ricardo VilFranche

Typed or printed name of singe

Secretary of the State of Connecticut Certificate of Legal Existence

Certificate of Legal Existence Certificate

Date Issued: Friday, July 07, 2023 3:06 PM

I, the Connecticut Secretary of the State, and keeper of the seal thereof, do hereby certify, that the certificate of organization for the below domestic limited liability company was filed in this office.

A certificate of dissolution has not been filed, and so far, as indicated by the records of this office, such limited liability company is in existence.

Business Details

Business Name	LUBE N GO EXPRESS LLC
Business ALEI	US-CT.BER:0958371
Formation Date	12/30/2008

Secretary of the State

Business ALEI: US-CT.BER:0958371 Certificate Number: C-00099852
Note: To verify this certificate, visit Business.ct.gov