

8/4/23 5:40 PM

Division of Corporations

Florida Department of State  
Division of Corporations  
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(((H23000271933 3)))



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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : WERMUTHLAW, P.A.  
Account Number : 120020000138  
Phone : (305)715-7157  
Fax Number : (305)715-8982

\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: MICHAEL@WPOLAW.COM

**Foreign Limited Liability Company  
PAVISA USA, LLC.**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

W23-107926

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# 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. PAVISA USA, 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. Connecticut

27-1900800

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

3.

(FBI 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)

337 KENT ROAD, NEW MILFORD, CT, 06776

337 KENT ROAD, NEW MILFORD, CT, 06776

5. (Street Address of Principal Office)

6. (Mailing Address)

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

Name:

CorpWiz Registered Agents, Inc.

Office Address:

1989 NW 88 Court, Suite 101

Doral

33172

(City)

, Florida

(Zip code)

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)

President

RECEIVED

2023 AUG 7 AM 11:00

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DIVISION  
TALLAHASSEE, FLORIDA

2023 AUG 7 9 AM 11:00  
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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: Monica Gonzalez Salazar  
☐ Member Address: 17 Chateau Ln Ste 406  
☐ Authorized Beaver Creek, CO, 81620-5448  
 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: Luisa Gonzalez Vlasich  
☐ Member Address: 17 Chateau Ln Ste 406  
☐ Authorized Beaver Creek, CO, 81620-5448  
 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.

*Luisa Gonzalez Vlasich*

Signature of an authorized person

**LUISA GONZALEZ VLASICH**

Typed or printed name of signer



August 8, 2023

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

WERMUTHLAW, P.A.

SUBJECT: PAVISA USA, LLC  
REF: W23000107926

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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

Ariel Jones  
Regulatory Specialist II  
Registration Section

FAX Aud. #: H23000271933  
Letter Number: 223A00017896

# Secretary of the State of Connecticut

## Certificate of Legal Existence

Certificate of Legal Existence Certificate

Date Issued: Tuesday, August 08, 2023 4:53 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	PAVISA USA, LLC
Business ALEI	US-CT.BER:0993388
Formation Date	01/15/2010



Secretary of the State