

9/8/23, 1:33 PM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H230003164073)))



H2300031640734501

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCFILE.COM LLC

Account Number : 120220000070

Phone : (888)462-3453

Fax Number : (877)919-2613

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

Email Address: EFILE1234@INCFILE.COM

Foreign Limited Liability Company
RELINQUO LLC

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$130.00

RECEIVED

2023 SEP 11 AM 9:37

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2023 SEP 11 AM 10:14
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

(((H23000316407 3)))

TO: Registration Section
Division of Corporations

SUBJECT: RELINQUO 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:

LOVETTE DOBSON

Name of Person

Firm/Company

17350 STATE HWY 249 STE 220

Address

HOUSTON, TX 77064

City/State and Zip Code

EFILE1234@INCFILE.COM

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

For further information concerning this matter, please call:

LOVETTE DOBSON

Name of Contact Person

at 1

Area Code

888-462-3453

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

(((H23000316407 3)))

(((H23000316407 3)))

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDAIN 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. RELINQUO 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. Texas

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

3. _____

(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. 1150 Nw 72nd Ave Tower 1

(Street Address of Principal Office)

6. 1150 Nw 72nd Ave Tower 1

(Mailing Address)

Ste 455 #12644Ste 455 #12644Miami, FL 33126Miami, FL 331267. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name:

REPUBLIC REGISTERED AGENT LLC

Office Address:

1150 Nw 72nd Ave Tower 1 Ste 455Miami

(City)

Florida 33126

(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.*Wesley Dolan

(Registered agent's signature)

FILED
2023 SEP 11 AM 10:14
SECRETARY OF STATE
TALLAHASSEE, FL

(((H23000316407 3)))

(((H23000316407 3)))

For indexing purposes, list the title or capacity and addresses of the primary members, managers or persons in charge of the group (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>
Manager	Name <u>Eduardo Kovar</u>	Manager	Name <u>Felix Rojas</u>
Member	Address <u>18545 University Blvd</u>	Member	Address <u>601 East Cassa Way</u>
Authorized Person	<u>Apt #521</u>	Authorized Person	<u>Mt Juliet, TN 37122</u>
Other	<u>Sugar Land, TX 77479</u>	Other	
Manager	Name _____	Manager	Name _____
Member	Address _____	Member	Address _____
Authorized Person	_____	Authorized Person	_____
Other	Other _____	Other	Other _____
Manager	Name _____	Manager	Name _____
Member	Address _____	Member	Address _____
Authorized Person	_____	Authorized Person	_____
Other	Other _____	Other	Other _____

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

A certificate of existence must be no more than 90 days old, dated and authenticated by the official having custody of records in the jurisdiction under the law of which is organized. If the certificate is in a foreign language, a translation of the certificate under oath must be submitted.

This document is executed in accordance with section 605.02(3)(b), Florida Statutes. I am aware that my false information, provided in my report to the Department of State constitutes a third degree felony as provided for in s. 817.03(1)(s).

Eduardo Kovar

Eduardo Kovar

(((H23000316407 3)))

Corporations Section
P.O. Box 13697
Austin, Texas 78711-3697



Jane Nelson
Secretary of State
(((H23000316407 3)))

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for RELINQUO LLC (file number 804783082), a Domestic Limited Liability Company (LLC), was filed in this office on October 25, 2022.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on September 06, 2023.



A handwritten signature of Jane Nelson in black ink.

Jane Nelson
Secretary of State