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TALLAHASSEE, FL

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Structural Health Monitoring Specialist-North America 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:

Maria Gabriela Diez

Name of Person

BIO Counselors at Law

Firm/Company

Plaza 273 Suite 900 Ponce de Leon Avenue.

Address

San Juan PR 00917

City/State and Zip Code

maria.diez@bioslawpr.com

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

For further information concerning this matter, please call:

Fernando Neris

787

781-9292

at ()

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. Structural Health Monitoring Specialist-North America 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. Puerto Rico
(Jurisdiction under the law of which foreign limited liability company is organized)

3. n.a
(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. Calle Resolucion #33 Esq. Ave. Roosevelt
(Street Address of Principal Office)

6. Calle Resolucion #33 Esq. Ave. Roosevelt
(Mailing Address)

The Corporate Center Building, Suite 804

The Corporate Center Building, Suite 804

San Juan PR 00920

San Juan PR 00920

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

Name: Jose Rodriguez

Office Address: 195 West Seminole Blvd

Stanford, Florida 32771
(City) (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)

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TALLAHASSEE, FL

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: Fernando Neris

☐ Member Address: The Corporate Center Building

☐ Authorized Suite 804 Calle Resolucion #33

Person Esq. Ave. Roosevelt San Juan PR 00920

☒ Other President ☐ Other _____

Title or Capacity: Name and Address:

☐ Manager Name: Julio Miranda

☐ Member Address: The Corporate Center Building,

☐ Authorized Suite 804, Calle Resolucion #33

Person Esq. Ave. Roosevelt San Juan PR 00920

☒ Other Vice-President ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

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.



Signature of an authorized person

Maria Gabriela Diez

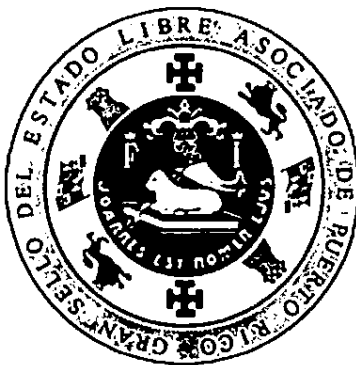
Typed or printed name of signee



CERTIFICATE OF GOOD STANDING

I, **Omar J. Marrero Díaz**, **Secretary of State** of the Government of Puerto Rico,

CERTIFY: That, pursuant to Puerto Rico's General Law of Corporations, **STRUCTURAL HEALTH MONITORING SPECIALIST-NORTH AMERICA LLC**, register number **447685**, a **for profit domestic** Limited Liability Company organized under the laws of Puerto Rico on **July 22, 2020**, has complied with the payment of its Annual Fees.



IN WITNESS WHEREOF, the undersigned by virtue of the authority vested by law, hereby issues this certificate and affixes the Great Seal of the Government of Puerto Rico, in the City of San Juan, Puerto Rico, today, **August 23, 2023**.

Omar J. Marrero Díaz
Secretary of State

To validate this certificate go to:

<https://estado.pr.gov/>

This certificate is valid for one (1) year from issue date (Regulation 8688, Art. 26). However, it is subject to faithful compliance with the provisions of Chapter XV and Chapter XXI of Act 164-2009, as applicable.

Certificate Validation Number: **583816-37171938**