

9/18/23 3:41 PM

Division of Corporations

Florida Department of State

Division of Corporation

Electronic Filing Cover Sheet

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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

**Enter 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

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2023 SEP 19 AM 9:24
SECRETARY OF STATE
TALLAHASSEE, FL

Foreign Limited Liability Company
MUNTANYENCS 4X4 LLC

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

Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

(((H23000328812 3)))

TO: Registration Section
Division of Corporations

SUBJECT: MUNTANYENCS 4X4 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@INCFIL.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) 888-462-3453

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

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDAIN COMPLIANCE WITH SECTION 608.04, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

MUNTANYENC S 4X4 LLC

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

(If the company is authorized to transact business in more than one state, list each state in which it is authorized to transact business, in order of priority, separated by commas.)

New Mexico

38-4275845

(If the company is authorized to transact business in more than one state, list each state in which it is authorized to transact business, in order of priority, separated by commas.)

(If the company is authorized to transact business in more than one state, list each state in which it is authorized to transact business, in order of priority, separated by commas.)

4201 Sw 53rd Ct Apt #2

4201 Sw 53rd Ct Apt #2

(Mailing Address)

(Mailing Address)

Davie, FL 33314

Davie, FL 33314

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

Name Daniela Hart

Office Address 4201 Sw 53rd Ct Apt #2

Davie

Florida 33314

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.

Daniela Hart

(Signature of Registered Agent)

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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 complete this report (total)

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
Manager	Name <u>Luis Napoleon Uribe Puerta</u>	Manager	Name _____
Member	Address <u>8206 LOUISIANA BLVD NE</u>	Member	Address _____
Authorized	<u>STE A #2115</u>	Authorized	_____
Person	<u>ALBUQUERQUE, NM 87113</u>	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 _____

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.

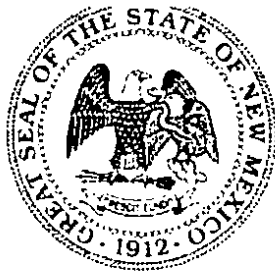
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must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

This document is executed in accordance with section 605.0203 (1)(d), 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.817.153, F.S.

Luis Napoleon Uribe Puerta
Signature of authorized person

Luis Napoleon Uribe Puerta

(((H23000328812 3)))



STATE OF NEW MEXICO

(((H23000328812 3)))

MAGGIE TOULOUSE OLIVER

SECRETARY OF STATE

Certificate of Good Standing and Compliance

IT IS HEREBY CERTIFIED THAT:

MUNTANYENCS 4X4 LLC**7275595**

the above named entity, a Company organized under the laws of New Mexico, is duly authorized to transact business in New Mexico as a Domestic Limited Liability Company, under the

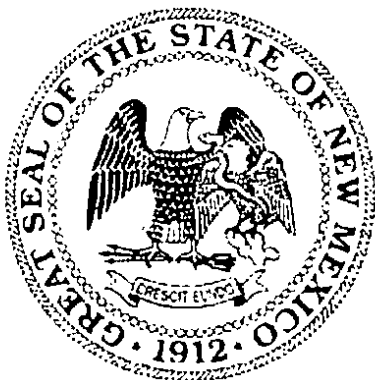
Limited Liability Company Act**53-19-1 to 53-19-74 NMSA 1978**

having filed its Articles of Organization on July 3, 2023, and Certificate of Organization issued as of said date.

It is further certified that the fees due to the Office of the Secretary of State which have been assessed against the above named entity have been paid to date and the entity is in good standing and duly authorized to transact business as its existence has not been revoked in New Mexico. This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entity's financial condition or business activities and practices.

Certificate Issued: **September 18, 2023**

In testimony whereof, the Office of the Secretary of State has caused this certificate to be signed on this day in the City of Santa Fe, and the seal of said office to be affixed hereto.

*Maggie Toulouse Oliver*

Maggie Toulouse Oliver
Secretary of State

Certificate Validation #: 0080151

A certificate issued electronically from the New Mexico Secretary of State's office is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Validation option on the Business Filing System at <https://portal.sos.state.nm.us/bfs/online> and following the instructions displayed under Certificate Validation.

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