

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
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09/05/23--01029--007 ++125.00



COVER LETTER

TO: **Registration Section Division of Corporations**

SUBJECT: All About Rodriguez, 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:

	Rodriguez		
		Name of Person	
-			
		Firm/Company	
6094 R(ojo Road		
		Address	·····
St. Aug	ustine, Florida 32080		
	Ci	ity/State and Zip Code	
rodrosa	napr@gmail.com		
	E-mail address: (to be		report notification)
er information conc	napr@gmail.com E-mail address: (to be eming this matter, please call	:	report notification)
er information conce Will Murdoch	E-mail address: (to be		
er information conc Will Murdoch Na MAILING ADDR	E-mail address: (to be erning this matter, please call me of Contact Person ESS:	at (800	<u>)</u> <u>375-2453</u> Daytime Telephone Number <u>STREET ADDRESS:</u>
er information conc Will Murdoch Na MAILING ADDR Division of Corpora	E-mail address: (to be erning this matter, please call me of Contact Person ESS: itions	at (800	<u>)</u> 375-2453 Daytime Telephone Number STREET ADDRESS: Division of Corporations
er information conco	E-mail address: (to be erning this matter, please call me of Contact Person ESS: itions	at (800	<u>)</u> <u>375-2453</u> Daytime Telephone Number <u>STREET ADDRESS:</u>

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTEN THE FOLLOWING IS SUBWITTED TO REGISTER A FOREIGN-TIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign Limited Liability Company: must include "Limite	
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Fk	orida. The alternate name must include "Limited Liability Company," "L.I. C," or "LLC,")
› Alaska	_{3.} 93-2989417
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
4(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determ	registration) one penalty hability)
5. 200 W. 34th Ave., #977 (Street Address of Principal Office)	6. 6094 Rojo Road (Mailing Address)
Anchorage, AK 99503	St. Augustine, Florida 32080
	x NOT acceptable)

Name:	Karina Ek Aldana	
Office Address;	6094 Rojo Road	
	St. Augustine	, Florida_32080
	(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 opena's signature)

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 Capacity:	Name and Address:
Manager	Name: Rosana Rodriguez	🗌 Manager	Name: Karina Ek Aldana
Member	Address: 6094 Rojo Road	🔽 Member	Address: 6094 Rojo Road
Authorized	St. Augustine, Florida 32080	Authorized	St. Augustine, Florida 32080
Person		Person	
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)

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

Rosana Rodriguez

Typed or printed name of signee



Alaska Entity #10242989

State of Alaska Department of Commerce, Community, and Economic Development Corporations, Business, and Professional Licensing

Certificate of Compliance

The undersigned, as Commissioner of Commerce, Community, and Economic Development of the State of Alaska, and custodian of corporation records for said state, hereby issues a Certificate of Compliance for:

All About Rodriguez, LLC

This entity was formed on August 21, 2023 and is in good standing. This entity has filed all biennial reports and fees due at this time.

No information is available in this office on the financial condition, business activity or practices of this corporation.



IN TESTIMONY WHEREOF, I execute the certificate and affix the Great Seal of the State of Alaska effective **August 21, 2023**.

Julie Sande Commissioner