Ma300012954

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



300416420313

10/03/23--01034--010 **150.00

7.3. C. F.1.3: F.3

COVER LETTER

TO:

Registration Section

Division of Corporations			
CUDIECT.	Torres Towing LLC		
SUBJECT:	Name of Limited Liability Company		
The enclosed Existence, an	d "Application by Foreign Limited Liability C nd check are submitted to register the above re	Company for Authorization to Transact Business in Florida." Certificate of eferenced foreign limited liability company to transact business in Florida.	
Please return	n all correspondence concerning this matter to	the following:	
	Dailin Chaviano		
	Name of Person		
Torres Towing LLC Firm/Company			
Address			
	West Palm Beach, Fl 33406		
City/State and Zip Code			
complaints@torresautorecovery.com			
	E-mail address: (to be	used for future annual report notification)	
For further i	information concerning this matter, please call	! :	
Yunior Ramon Torres		757 817-1536 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	
Ple	closed is a check for the following amount: case make check payable to: FLORIDA DEP \$125.00 Filing Fee	& 🗓 \$155.00 Filing Fee & 🗏 \$160.00 Filing Fee, Certificate	

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 LABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Torres Towing LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LL.C.," or "LL.C.") (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.") 82-4261213 State of Virginia (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty hability.) 215 Philhower Dr 215 Philhower Dr (Mailing Address) (Street Address of Principal Office) Suffolk, Va 23434 Suffolk, Va 23434 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Dailin Chaviano Name: 820 Green St Apt A Office Address: West Palm Beach Florida 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

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]: Name and Address: Title or Capacity: Title or Capacity: Name and Address: Yunior Ramon Torres Name: ____Ramon Torres ■Manager ■Manager 146 Fernwood Crescent Address: __ 205 Philhower Dr Address: ☐ Member Suffolk, VA 23434 Newport News, VA 23608 ☐ Authorized □ Authorized Person Person □Other_____ □Other_____ □Other_____ □Other □ Name: Dailin Chaviano □Manager □ Manager 820 Green St Address: ____ Member □Member Address: Apt A □ Authorized ■Authorized West Palm Beach, Fl 33405 Person Person Other Other □Other_____ □Other □Manager Name: Name: □Manager ☐ Member Address: Address: □Member ☐ 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. Nonindexed 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.

Dailin Chaviano

Commonwealth of Hürginia



State Corporation Commission

CERTIFICATE OF FACT

1 Certify the Following from the Records of the Commission:

That Torres Towing LLC is duly organized as a Limited Liability Company under the law of the Commonwealth of Virginia;

That the Limited Liability Company was formed on February 1, 2018; and

That the Limited Liability Company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date:

September 25, 2023

Bernard J. Logan, Clerk of the Commission