

W23000013769

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

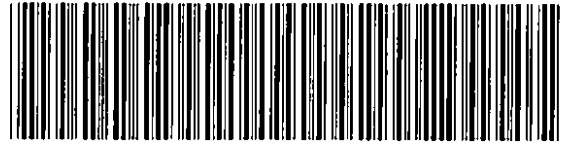
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

W23000127897

Office Use Only



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10/19/23--01003--009 **160.00

09/05/23--01005--015 **87.50

2023 OCT 19 PM 4:29

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SEP 01 2023



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 19, 2023

MARTA PATILLA RAMOS
1610 LIBERTY ST, APT 12
HOLLYWOOD, FL 33020 US

SUBJECT: RJRIMPORTER&DISTRIBUTOR LLC
Ref. Number: W23000127897

We have received your document for RJRIMPORTER&DISTRIBUTOR LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

This entire application is wrong. Your certificate states that your entity is an LLC, not a CORP. Therefore, you must get an LLC application and start over. Also, the name has to be written exactly as it is on the certificate.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Andrea Andrews
Regulatory Specialist II

Letter Number: 423A00021639

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OCT 19 2023

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: RJRIMPORTER&DISTRIBUTOR 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:

MARTA PATILLA RAMOS

Name of Person

RJRIMPORTER&DISTRIBUTOR LLC

Firm/Company

101 E PARK BVLD, STE 413.

Address

PLANO, TEXAS 75074

City/State and Zip Code

mpatilla@wearetasters.com

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

For further information concerning this matter, please call:

MARTA PATILLA RAMOS

+1

945 264 6245

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. RJRIMPORTER&DISTRIBUTOR 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. 810982812

(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. 1610 LIBERTY ST, APT 12,
(Street Address of Principal Office)

HOLLYWOOD, FLORIDA

33020

6. 1610 LIBERTY ST, APT 12,
(Mailing Address)

HOLLYWOOD, FLORIDA

33020

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

Name: MARTA PATILLA RAMOS

Office Address: 1610 LIBERTY ST, APT 12,
HOLLYWOOD

(City)

33020, Florida 33020
(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)

2023 OCT 19 PM 4:29

6:11:30

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: MARTA PATILLA RAMOS

☐ Member Address: 1610 LIBERTY ST

☐ Authorized APT 12, HOLLYWOOD, FLORIDA

Person 33020

☐ Other ☐ Other

☒ Manager Name: JOAQUIN PATILLA RAMOS

☐ Member Address: 1610 LIBERTY ST

☐ Authorized APT 12, HOLLYWOOD, FLORIDA

Person 33020

☐ Other ☐ Other

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other ☐ Other

Title or Capacity: **Name and Address:**

☐ 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

MARTA PATILLA RAMOS

Typed or printed name of signee

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



Jane Nelson
Secretary of State

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 RJRIMPORTER&DISTRIBUTOR LLC (file number 802350349), a Domestic Limited Liability Company (LLC), was filed in this office on December 15, 2015.

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 August 24, 2023.



A handwritten signature in black ink that reads "Jane Nelson".

Jane Nelson
Secretary of State