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COVER LETTER

Registration Section
Division of Corporations

TO:

Nam	e of Limited Liability Company
	Company for Authorization to Transact Business in Florida," Coreferenced foreign limited liability company to transact business
urn all correspondence concerning this matter t	to the following:
Diana M Satizabal	
	Name of Person
Naopoly LLC	
	Firm/Company
2810 N Church St #158085	
	Address
Delaware, FL 19802	
C	City/State and Zip Code
dmsatizabal@gmail.com	
E-mail address: (to be	e used for future annual report notification)
er information concerning this matter, please ca	11:
Diana Satizabal	954 303-6566 at ()
Name of Contact Person	Area Code Daytime Telephone Number
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amount:	
Please make check payable to: FLORIDA DEF	
■ \$125.00 Filing Fee □ \$130.00 Filing Fe	





November 13, 2023

DIANA M SATIZABAL 2810 N CHURCH ST #158085 DELAWARE, FL 19802

SUBJECT: NAOPOLY LLC Ref. Number: W23000130633

We have received your document for NAOPOLY LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The registered agent must sign accepting the designation.

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.

Letter Number: 923A00022149

Tracy L Lemieux Regulatory Specialist II

www.sunbiz.org

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

IN COMPLANCE 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:

tate of Delaware (Jurisdiction under the law of whice		03			
(Jurisdiction under the law of whic		3.	93-2638726 (FEI number, if applicable)		
	h loreign limited liability company is organized)	<u> </u>	(FEI number, if a	pplicable)	
	(Date first transacted business in Florida, if prior to r (See sections 605 0904 & 605 0905, F.S. to determin	egistration)	(i.)	-	
2810 N Church St #1580	085	166	E NIW OGA A		
r Address of Principal Office)		v	(Mailing Address)		
Willmington, DE 19802		Per	nbroke Pines, FL 33024		
	Diana M Satizabal			16	
Name: Office Address:	1655 NW 96th Ave				
			33024	من	
•	Pembroke Pines		, Florida (Zip code)	7	

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: Name: Diana M Satizabal Name: ____Fabian Rojas □Manager ■ Manager Address: 1655 NW 96th Ave Address: 1655 NW 96 Ave ■Member ■Member Pembroke Pines, FL 33024 Pemroke Pines, FL 33024 □ Authorized Authorized Person Person □Other_____ □Other_____ □Other____ ___ □Other __ ___ □Manager □Manager Name: ______ Name: _____ Address: _____ □Member Address: ______ □ Authorized □ Authorized Person Person □Other____ Other____ Name: ____ □Manager Name: ______ Address: _____ □Member Address: ______ ☐ Member □ Authorized □ Authorized Person Person □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. Signature of an authorized person Diana M Satizabal

Typed or printed name of signee

Page 1



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "NAOPOLY LLC" IS DULY FORMED UNDER THE

LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A

LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF

THE THIRD DAY OF OCTOBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NAOPOLY LLC" WAS FORMED ON THE THIRTY-FIRST DAY OF JULY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

Authentication: 204299345

Date: 10-03-23

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