

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

**M23000014965**

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To:

Division of Corporations  
 Fax Number : (850)617-6383

From:

Account Name : SALVER & COOK LLP  
 Account Number : I20220000199  
 Phone : (954)389-1333  
 Fax Number : (954)389-1397

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**Foreign Limited Liability Company**  
**JUAN&JUAN LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help



November 16, 2023

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

DANIELLA SANTANA  
2721 EXECUTIVE PARK DRIVE SUITE 4  
WESTON, FL 33331US

SUBJECT: JUAN & JUAN FLORIDA LLC  
REF: W23000155672

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

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Corey Pettway  
Regulatory Specialist II

FAX Aud. #: H23000389220  
Letter Number: 823A00026611

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: JUAN&JUAN 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:

DANIELLA SANTANA

\_\_\_\_\_  
Name of Person

APRIO LLP

\_\_\_\_\_  
Firm/Company

2721 EXECUTIVE PARK DRIVE SUITE 4

\_\_\_\_\_  
Address

WESTON, FLORIDA 33331

\_\_\_\_\_  
City/State and Zip Code

DANIELLA.SANTANA@APRIO.COM

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

For further information concerning this matter, please call:

DANIELLA SANTANA

954

3891333

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 &    ☐ \$155.00 Filing Fee &    ☐ \$160.00 Filing Fee, Certificate  
Certificate of Status    Certified Copy    of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 603.08, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. JUAN & JUAN LLC

(Name of foreign limited liability company; must include "Limited Liability Company," "LLC," or "LLP")

Juan & Juan Florida LLC

(If name unavailable, name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLP")

2. MICHIGAN

61-1052791

(Jurisdiction under the laws of which foreign limited liability company is registered)

(FEI number, if applicable)

4. 11/05/2023

(Date first transacted business in Florida; if prior to registration)  
(See sections 603.08(4) & 603.09(3), F.S. to determine penalty liability)

5. 2721

(Street address of principal office)

(Mailing Address)

12555 ORANGE DRIVE SUITE 226

2721 EXECUTIVE PARK DRIVE SUITE 4

DAVIE, FL 33330

WESTON, FLORIDA 33331

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

Name: PAULINA A GORDANA

Office Address: 12555 ORANGE DRIVE SUITE 226

DAVIE

33330

(City)

Florida

(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.

Paulina Gordana  
(Registered agent's signature)

FILED

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FILED

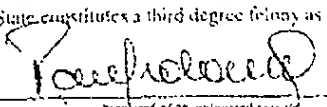
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total).

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: PAULINA A GIORDANA	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: 12555 ORANGE DRIVE	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	SUITE 226	<input type="checkbox"/> Authorized	_____
Person	DAVIE, FLORIDA 33330	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	 Name: FRANCISCO J V VITAL	 <input type="checkbox"/> Manager	 Name: _____
<input checked="" type="checkbox"/> Member	Address: 12555 ORANGE DRIVE	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	SUITE 226	<input type="checkbox"/> Authorized	_____
Person	DAVIE, FLORIDA 33330	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	 Name: _____	 <input type="checkbox"/> Manager	 Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

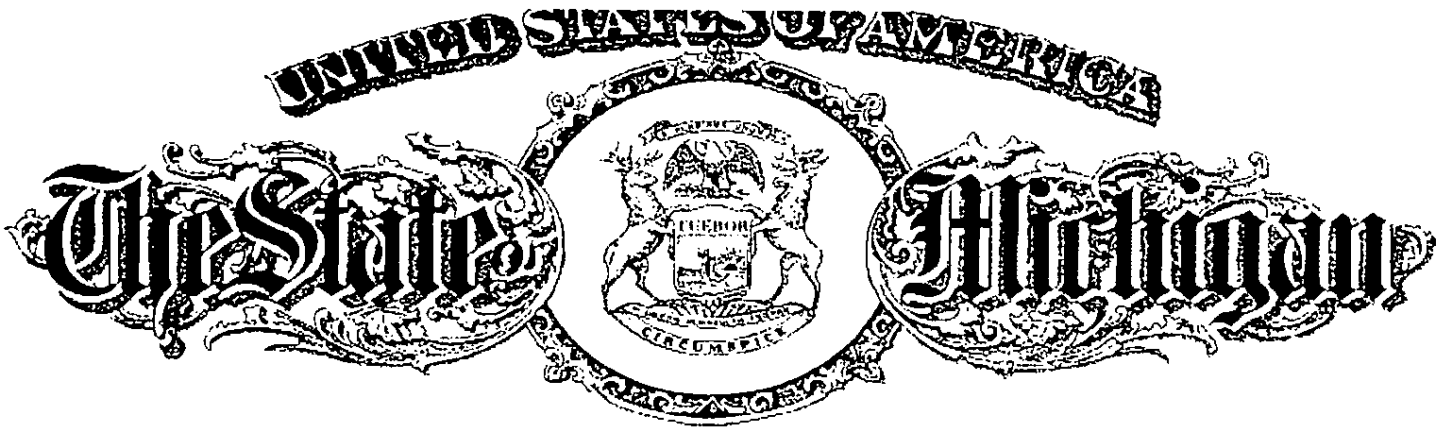
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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.

  
\_\_\_\_\_  
Signed as president/owner of office

\_\_\_\_\_  
Signed as president/owner of office



**Department of Licensing and Regulatory Affairs**  
Lansing, Michigan

*This is to Certify That*  
**JUAN&JUAN, LLC**

*was validly authorized on April 27, 2021, as a Michigan*  
**DOMESTIC LIMITED LIABILITY COMPANY**  
*and said limited liability company is validly in existence under the laws of this state and has satisfied its*  
*annual filing obligations.*

*This certificate is issued pursuant to the provisions of 1993 PA 23 to attest to the fact that the company is*  
*in good standing in Michigan as of this date.*

*This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit*  
*given it in every court and office within the United States.*



*In testimony whereof, I have hereunto set my hand,*  
*in the City of Lansing, this 7th day of November, 2023.*

*Linda Clegg*

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau

Sent by electronic transmission

Certificate Number: 23110158809