

M23000016106

(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:

Rec'd 12-27-23

W23-168684

Office Use Only



300419502853

12/28/23--01029--003 **777.50

11/29/23--01028--007 **160.00

2023 DEC 27 AM 9:05
CLERK OF COURT
CLERK OF COURT

FILED

M. SOLOMON

DEC 28 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MADERA CREATIVE 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:

RUTH RUIZ

Name of Person

MADERA CREATIVE LLC

Firm/Company

1229 CHEYENNE CT.

Address

MAIMSON TENNESSEE 37115

City/State and Zip Code

RCRMANAGEMENT@YAHOO.COM

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

For further information concerning this matter, please call:

RUTH RUIZ

407

791-9551

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**

2023 DEC 27 AM 9:05

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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. MADERA CREATIVE 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. TENNESSEE 3. 86-1963385
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 10/08/2021
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S., to determine penalty liability)

5. 1229 CHEYENNE CT 6. 1229 CHEYENNE CT
(Street Address of Principal Office) (Mailing Address)

MADISON TENNESSEE 37115 MADISON, TENNESSEE 37115

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

Name: RUTH RUIZ

Office Address: 1812 VETERANS DR.

KINDRED 34744
(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.

Ruth Ruiz
(Registered agent's signature)

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2023 DEC 27 AM 9:05
STATE OF FLORIDA

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: Ruth Ruiz

☐ Member Address: 1229 Cheyenne Ct Madison Tn

☒ Authorized Ruth Ruiz

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: Name and Address:

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☒ Manager Name: Cristobal Ruiz

☐ Member Address: 1229 Chyenne Ct. Madison Tn

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ 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.

Ruth Ruiz
Signature of an authorized person

Ruth Ruiz
Printed name of signer

FILED
2023 DEC 27 AM 9:05



Tre Hargett
Secretary of State

Division of Business Services
Department of State

State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

CRISTOBAL RUIZ
1229 CHEYENNE CT.
MADISON, TN 37115

November 9, 2023

Request Type: Certificate of Existence/Authorization

Request #: 0555587

Issuance Date: 11/09/2023

Copies Requested: 1

Document Receipt

Receipt #: 008452707

Filing Fee: \$20.00

Payment-Credit Card - State Payment Center - CC #: 3861755200

\$20.00

Regarding: Madera Creative LLC

Filing Type: Limited Liability Company - Domestic

Control #: 1159735

Formation/Qualification Date: 01/14/2021

Date Formed: 01/14/2021

Status: Active

Formation Locale: TENNESSEE

Duration Term: Perpetual

Inactive Date:

Business County: DAVIDSON COUNTY

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

Madera Creative LLC

* is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;

* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;

* has filed the most recent annual report required with this office;

* has appointed a registered agent and registered office in this State;

* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Secretary of State

Processed By: Cert Web User

Verification #: 063937528



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 20, 2023

RUTH RUIZ
1229 CHEYENNE CT.
MADISON, TN 37115 US

SUBJECT: MADERA CREATIVE LLC
Ref. Number: W23000168684

We have received your document for MADERA CREATIVE LLC and check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$777.50.

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.

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

Ariel Jones
Regulatory Specialist II

Letter Number: 223A00029024

RECEIVED

DEC 27 2023