# M24000003410

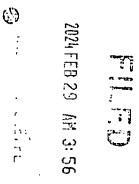
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### **COVER LETTER**

TO: Registration Section

Divis	sion of Corporations					
SUBJECT:		4 Associates LLC				
Name of Limited Liability Company						
		ompany for Authorization to Transact Business in Florida," Certificate of ferenced foreign limited liability company to transact business in Florida				
Please return :	all correspondence concerning this matter to	the following:				
	Dic	K Rivera				
		Name of Person				
	Dick K	Pivera + Associates LLC Firm/Company				
Firm/Company						
	5 Portofine Dr. STE1803					
	Address					
	Pensacola	Seach, FL 32561 y/State and Zip Code				
	Cir	y/State and Zip Code				
	dickrii	used for future annual report notification)				
	E-mail address: (to be t	ised for future annual report notification)				
For further in	formation concerning this matter, please call:					
	DICK RIVEVA	at ( 214 ) 914 - 2762  Area Code Daytime Telephone Number				
	Name of Contact Person	Area Code Daytime Telephone Number				
	ling Address:	Street Address: Registration Section				
_	istration Section ision of Corporations	Division of Corporations				
	. Box 6327	The Centre of Tallahassee				
	ahassee, FL 32314	2415 N. Monroe Street, Suite 810				
	,	Tallahassee, FL 32303				
	osed is a check for the following amount: se make check payable to: FLORIDA DEPA	RTMENT OF STATE				
	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

	TION 605.0902, FLORIDA STATUTES, THE F SINESS IN THE STATE OF FLORIDA:	OLLOWING IS SUBMITTED	TO REGISTER A FOREIGN LIMIT	ED LIABILITY
	ick Rivera 4,	Associates	LLC	
	Limited Liability Company; must include "Limite			
(If name unavailable, enter alternate of	ame adopted for the purpose of transacting business in F	lorida. The alternate name must inch	ude "Limited Liability Company," "L.L.C."	or "LLC.")
2. Texa	Shich foreign limited hability company is organized)	3	(FEI number, if applicable)	_
4. <u>~/A</u>	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	registration.)		
s. 5 Portofin	6 Drive	6(Mailing Address	Same	
STE /		(Mailing Address	s)	
Pensacola	Beach FL 32561			
	ろとらん/ <u>s</u> of Florida registered agent: (P.O. Box	NOT acceptable)	2024 	
Name:	Dick Rivera		2024 FEB 29	1
Office Address:	5 Portofine Dr		25.26.7 AH 3: 50	
	Pensacola Beach	, Florida _	32561 E	
designated in this applicat	tance: gistered agent and to accept service of p tion, I hereby accept the appointment a ons of all statutes relative(to the proper	s registered agent and ag	ree to act in this capacity. I fi	urther agree
	s of my position as registered agent	ere	ice of my values, und i um jum	enter Pilli
	(Registered agent's	signature)	<del></del> _	

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: Richard Rivera Manager ☑Manager Name: Julia Whitley Address: 5 Portofino Dr Address: 5540 Grande Lagoon Blud □Member STE ZOO7 Pensacola Beach FL 32507 □Authorized Pensacola Beach FL 32561 Person Person Other\_\_ Other\_\_\_\_ □Other\_\_\_\_\_ □ Other\_\_\_\_ □Manager ☐ Manager Name: \_\_\_\_\_ □Member Address: □Member Address: ☐ Authorized ☐ Authorized Person Person □Other\_\_\_\_ Other\_\_\_\_ □Other\_\_ □Other\_\_\_\_ □Manager ☐ Manager Name: \_\_\_\_ □Member Address: □Member Address: ☐ 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. ichard T. Rivera



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 Dick Rivera & Associates LLC (file number 803533876), a Domestic Limited Liability Company (LLC), was filed in this office on January 31, 2020.

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 February 26, 2024.



Phone: (512) 463-5555

Prepared by: SOS-WEB

gave Helson

Jane Nelson Secretary of State

TID: 10264

Dial: 7-1-1 for Relay Services Document: 1336250770002