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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

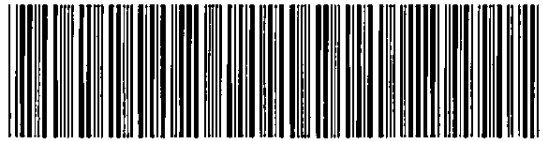
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2024 MAY - 1 PM 4:01

TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

Amaldoiz LLC

SUBJECT: _____
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:

Maite Oiz

Name of Person

Firm/Company

14505 Stetson Rd #47

Address

Los Gatos, CA 95033

City/State and Zip Code

amaldoiz2@gmail.com

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

For further information concerning this matter, please call:

Maite Oiz

408

384-1285

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 17, 2024

MAITE OIZ
14505 STETSON ROAD #47
LOS GATOS, CA 95033

SUBJECT: AMAIDOIZ LLC
Ref. Number: W24000029532

We have received your document for AMAIDOIZ 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):

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.

I have enclosed a copy of a of Certificate from Nevada.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan
Regulatory Specialist III

Letter Number: 024A00003870

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:

Amadoiz LLC

1. _____
(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.")
Nevada

2. _____ 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

12/20/2023

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

N/A

14505 Stetson Rd #47

5. 8591 Sunrise Key Dr 6. Los Gatos, CA 95033
(Street Address of Principal Office) (Mailing Address)

Kissimmee, FL 34747

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

Registered Agents Incorporated

Name: _____

7901 4th St North Ste 300

Office Address: _____

St. Petersburg

33702

_____, Florida _____
(City) (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)

FILED
2024 MAY -1 PM 4:01
KISSIMMEE, 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: Amaia Oiz
304 S Jones Blvd Ste 8801
☐ Member Address: Las Vegas, NV 89107
☐ Authorized Person
☐ Other ☐ Other

☐ Manager Name: ☐ Manager Name:
☐ Member Address: ☐ Member Address:
☐ Authorized ☐ Authorized
Person Person
☐ Other ☐ Other

☐ Manager Name: ☐ Manager Name:
☐ Member Address: ☐ Member Address:
☐ Authorized ☐ Authorized
Person Person
☐ Other ☐ Other

Title or Capacity: **Name and Address:**
☒ Manager Name: Maite Oiz
14505 Stetson Rd #47
☐ Member Address: Los Gatos, CA 95033
☐ Authorized Person
☐ Other ☐ Other


☐ Manager Name: ☐ Manager Name:
☐ Member Address: ☐ Member Address:
☐ Authorized ☐ Authorized
Person Person
☐ Other ☐ Other

☐ Manager Name: ☐ Manager Name:
☐ Member Address: ☐ Member Address:
☐ Authorized ☐ Authorized
Person 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

Maite Oiz, Member Manager, Amadoiz LLC

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada standing Revised Statutes which are either presently in a status of good standing or were in good for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **AMAIDOIZ L.L.C.**, as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized or formed and existing, or duly qualified or registered, as applicable, under and by virtue of the laws of the State of Nevada since 01/24/2017, and is in good standing in this state.

I further certify that the above DOMESTIC LIMITED-LIABILITY COMPANY (86) has its formation document and no amendments on file in this office as of the date of this certificate.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 02/01/2024.

A handwritten signature in cursive script, reading "FV Aguilar".

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202402014320560

You may verify this certificate
online at <http://www.nvsos.gov>