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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

T. LEMIEUX

JUN - 5 2024

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: NELSON ESTRADA, 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:

Nelson Estrada
Name of Person

Firm Company

8926 Emerson Ave
Address

8926 Surfside, FL, 33154
City State and Zip Code

nelsonestrada5@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Patrick Cooper at (305) 204-1369
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

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. NELSON ESTRADA, 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. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 92-2754538
(FEI number, if applicable)

4. May 08, 2024
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905 F.S. to determine penalty liability)

5. 25 SE 2nd Ave Ste 550 #2021
Miami, FL 33131
(Street Address of Principal Office)

6. 25 SE 2nd Ave Ste 550 #2021
Miami, FL 33131
(Mailing Address)

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

Name: Nelson Estrada

Office Address: 8926 Emerson Ave

Surfside, Florida 33154
(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)

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:
Manager	Name: Nelson Estrada	Manager	Name:
■ Member	Address: 8926 Emerson Ave	Member	Address:
Authorized Person	Surfside, FL 33154	Authorized Person	
Other	Other	Other	Other
Manager	Name:	Manager	Name:
Member	Address:	Member	Address:
Authorized Person		Authorized Person	
Other	Other	Other	Other
Manager	Name:	Manager	Name:
Member	Address:	Member	Address:
Authorized Person		Authorized 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. 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

Nelson Estrada

Typed or printed name of person

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NELSON ESTRADA, 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 EIGHTH DAY OF MAY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NELSON ESTRADA, LLC" WAS FORMED ON THE THIRD DAY OF MARCH, A.D. 2023.

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

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SR# 20241977435

Authentication: 203431731

Date: 05-08-24