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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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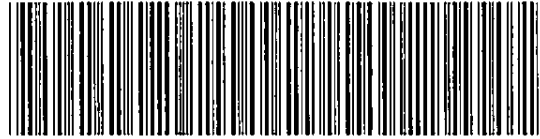
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/29/24--01013--028 **125.00

APPROVED
AND
FILED
2024 MAY 29 PM 12:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 10 2024

K Brumbley

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: URBA Homes, 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:

Christian Torres

Name of Person

URBA Homes, LLC

Firm/Company

3585 NE 207th Street, Suite C9 #800610

Address

Miami, Florida 33280

City/State and Zip Code

finance@cashcowcapital.com

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

For further information concerning this matter, please call:

Christian Torres

360

606-6404

Name of Contact Person

at (_____)

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. URBA Homes, 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. Washington
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FEI number, if applicable)

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

5. _____
(Street Address of Principal Office)

18555 Collins Avenue, #4705

Sunny Isles Beach, Florida 33160

6. _____
(Mailing Address)

3585 NE 207th Street, Suite C9 #800610

Miami, Florida 33280

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

Name: Christian Torres

Office Address: 18555 Collins Avenue, #4705

Sunny Isles Beach, Florida 33160
(City) (Zip code)

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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]:

<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: Christian Torres	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: 3585 NE 207th Street, Suite C9	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Miami, Florida 33280	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: Brooke Torres	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: 3585 NE 207th Street, Suite C9	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Miami, Florida 33280	<input type="checkbox"/> Authorized	_____
Person	_____	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.



Signature of an authorized person

Christian Torres

Typed or printed name of signer

UNITED STATES OF AMERICA

The State of Washington

Secretary of State

I, STEVE R. HOBBS, Secretary of State of the State of Washington and custodian of its seal, hereby issue this certificate that according to the records on file in this office,

URBA HOMES, LLC

a/an WA LIMITED LIABILITY COMPANY is duly authorized to transact business in the State of Washington, with an expiration date of 04/30/2025, and I certify that the following records are on file in this office:

Issued Date: 05/20/2024
UBI Number: 604 608 905

Filing	Date Filed	Effective Date
CERTIFICATE OF FORMATION	04/16/2020	04/16/2020
INITIAL REPORT	04/16/2020	04/16/2020
ANNUAL REPORT DUE DATE NOTICE	03/01/2021	03/01/2021
ANNUAL REPORT	03/10/2021	03/10/2021
ANNUAL REPORT DUE DATE NOTICE	03/01/2022	03/01/2022
ANNUAL REPORT	03/17/2022	03/17/2022
ANNUAL REPORT DUE DATE NOTICE	03/01/2023	03/01/2023
ANNUAL REPORT	04/06/2023	04/06/2023
ANNUAL REPORT DUE DATE NOTICE	03/01/2024	03/01/2024



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Steve R. Hobbs, Secretary of State

Date Issued: 05 20 2024

UNITED STATES OF AMERICA

The State of Washington



Secretary of State

ANNUAL REPORT

03/13/2024

03/13/2024



Given under my hand and the Seal of the State
of Washington at Olympia, the State Capital

Steve R. Hobbs

Steve R. Hobbs, Secretary of State

Date Issued: 05 20 2024