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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H240002448723))



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To:  
Division of Corporations  
Fax Number : (850)517-6383

From:  
Account Name : CAPITAL PRO SERVICES, LLC  
Account Number : I20228000008  
Phone : (772)249-5273  
Fax Number : (772)254-6100

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: robertosanchez150171@gmail.com

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
24 JUL 22 PM 4:20

Foreign Limited Liability Company

R. Sancher Tiger Co, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

RECEIVED

2024 JUL 22 PM 12:43

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TALLAHASSEE, FLORIDA

850-617-6381

7/22/2024 7:16:34 AM PAGE 1/001 Fax Server



July 20, 2024

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

CAPITAL PRO SERVICES, LLC

SUBJECT: R. SANCHEZ TIGER CO, LLC  
REF: W24000105467

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

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 further questions concerning your document, please call (850) 245-6051.

KYLE D BRUMBLEY

FAX Aud. #: H24000244872

Regulatory Specialist II Supervisor  
Registration Section

Letter Number: 424A00015953

H240002448723

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: R. SANCHEZ TIGER CO, 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:

ROBERTO SANCHEZ CARABALLO

Name of Person

R. SANCHEZ TIGER CO, LLC

Firm/Company

1402 NE 7TH PLACE

Address

CAPE CORAL, FL 33909

City/State and Zip Code

robertosanchez150171@gmail.com

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

For further information concerning this matter, please call:

MADJOISE RAMIREZ

Name of Contact Person

at 772

Area Code

249-5273

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

☐ \$150.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy

☐ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS  
IN FLORIDAIN 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. R. SANCHEZ TIGER CO. LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC")

(If name unavailable, enter alternate name accepted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC.")

2. NEW YORK, USA

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 83-2175459

(EIN number, if applicable)

4. 07/01/2024

(Date first transacted business in Florida. If later to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability.)

5. 1402 NE 7TH PLACE

(Street Address of Principal Office)

6. 1402 NE 7TH PLACE

(Mailing Address)

CAPE CORAL, FL 33909

CAPE CORAL, FL 33909

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
24 JUL 22 PM 4:207. Name and street address of Florida registered agent. (P.O. Box NOT acceptable)

Name: CAPITAL PRO SERVICES, LLC

Office Address: 1972 SW CANEBO BLVD

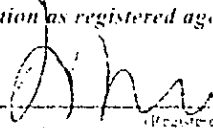
PORT ST LUCIE

(City)

Florida 34953

(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)

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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: <u>ROBERTO SANCHEZ</u>	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>1402 NE 7TH PLACE</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>CAPE CORAL, FL 33909</u>	<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 _____
<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.

Roberto Sanchez Caraballo / HSC  
 Signature of an authorized person

ROBERTO SANCHEZ CARABALLO

Typed or printed name of signer

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## STATE OF NEW YORK

## DEPARTMENT OF STATE

## Certificate of Status

I, WALTER T. MOSLEY, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: R. SANCHEZ TIGER CO. LLC  
DOS ID Number: 5423998  
Entity Type: DOMESTIC LIMITED LIABILITY COMPANY  
Entity Status: EXISTING  
Date of Initial Filing with DOS: 10/11/2018  
  
Statement Status: CURRENT  
Statement Due Date: 10/31/2026

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State,  
at the City of Albany, on July 22, 2024 at 10:34 A.M.

WALTER T. MOSLEY  
Secretary of State

BRENDAN C. HUGHES  
Executive Deputy Secretary of State

Authentication Number: 100006112219 To Verify the authenticity of this document you may access the  
Division of Corporation's Document Authentication Website at <http://ecorp.dos.ny.gov>