

M24000009467

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

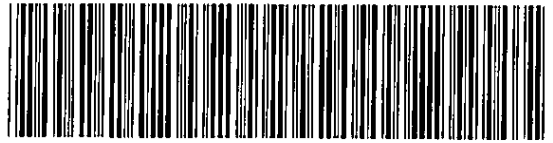
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

W24000092495

Office Use Only



900431311029

06/13/24--01012--020 ++130.00

RECEIVED

JUN 12 2024

2024 JUL -9 PM 2:13
CLERK OF STATE
TALLAHASSEE, FL 06001

APPROVED
AND
FILED

JUN 24 2024

K. Brumbley



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 18, 2024

MARIA A LEONARDO
11098 BISCAYNE BLVD SUITE 206
MIAMI, FL 33161 US

SUBJECT: CORK PADEL USA LLC
Ref. Number: W24000092495

We have received your document for CORK PADEL USA LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

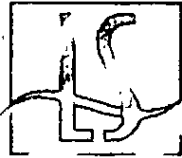
A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is 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.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Corey Pettway
Regulatory Specialist II

Letter Number: 024A00013268



Miami Office, Main Office

11099 Biscayne Blvd Suite 206

Miami, FL 33161

Weston Office, Satellite Office (Appt. Only)

1555 Bonaventure Blvd #2033

Weston, FL 33326

June 25, 2024

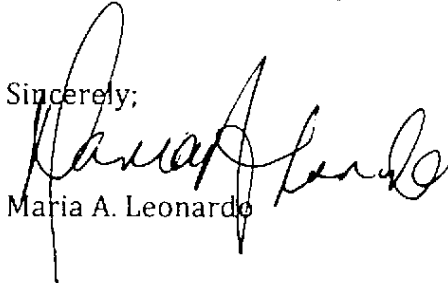
ATT: Registration Section
Division Of Corporations
P.O.BOX 6327
Tallahassee, FL 32314

RE : CORK PADEL USA LLC
EIN # : 99-3200004

Dear Sir/Madam ;

We previously submitted the application to register CORK PADEL USA LLC as a foreign entity in Florida. Unfortunately, we overlooked including the Delaware Certificate. Enclosed, please find the required document along with a copy of the previously submitted application.

Sincerely;



Maria A. Leonardo

RECEIVED
JUL - 9 2024

Corey's

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CORK PADEL USA 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:

MARIA A LEONARDO

Name of Person

ACCUTAX ADVISORY CORP

Firm/Company

11098 BISCAYNE BLVD SUITE 206

Address

MIAMI FL 33161

City/State and Zip Code

maria@mycpaea.com

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

For further information concerning this matter, please call:

MARIA A LEONARDO

305

332-3211

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

**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. CORK PADEL USA 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. 99-3200004

(FEF 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. 11098 BISCAYNE BLVD SUITE 405

(Street Address of Principal Office)

6. 11098 BISCAYNE BLVD SUITE 405

(Mailing Address)

MIAMI FL 33161

MIAMI FL 33161

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

Name: ACCUTAX ADVISORY CORP.

Office Address: 11098 BISCAYNE BLVD SUITE 206

MIAMI

(City)

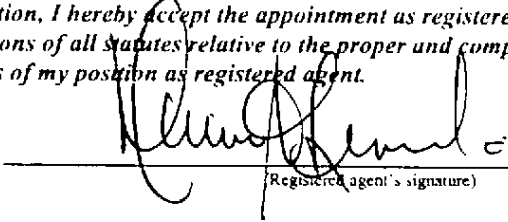
Florida

33161

(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)

APPROVED
AND
FILED
2024 JUL -9 PM 2:13
CLERK OF STATE
OF FLORIDA

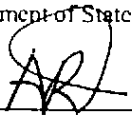
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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: AGUSTIN ROTSZTAIN	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 11098 BISCAYNE BLVD	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	SUITE 405 MIAMI FL 33161	<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.



Signature of an authorized person

AGUSTIN ROTSZTAIN

Typed or printed name of signee

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "CORK PADEL USA 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 TWENTY-FIRST DAY OF JUNE, A.D. 2024.



3705412 8300

SR# 20242931415

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 203764472

Date: 06-21-24