

7/24/24, 10:06 AM

Division of Corporations

Florida Department of State
Division of Corporations
1901 North Orange Avenue, Suite 1000
Orlando, Florida 32801

M24000009893

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To:

Division of Corporations
Fax Number : (850)617-6333

From:

Account Name : POTENCIANO CPA LLC
Account Number : 128238008178
Phone : (407)413-2411
Fax Number : (407)641-9288

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

Email Address: _____

Foreign Limited Liability Company
LACEWING GROUP LLC

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

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Corporate Filing Menu

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LACEWING GROUP 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:

JANAYNA POTENCIANO

Name of Person

POTENCIANO CPA LLC

Firm/Company

6965 PIAZZA GRANDE AVE STE 307

Address

ORLANDO, FL 32835

City, State and Zip Code

JANAYNA@POTENCIANOCPA.COM

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

For further information concerning this matter, please call:

JANAYNA POTENCIANO

407 413-2411
at Area Code Daytime Telephone Number

Name of Contact Person

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 COMPLYANCE WITH CHAPTER 609, FLORIDA STATUTES, THE BEHOLDERS HAVE BEEN AUTHORIZED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1 LACEWING GROUP LLC

Name of Foreign Limited Liability Company (must include "Limited Liability Company" or "LLC" or "L.P.")

2 This is true, or true, information as required for the purpose of registration of business in Florida. (If false, it must include "Limited Liability Company" or "LLC" or "L.P.")

3 WYOMING

4 Jurisdiction under the laws of which foreign law is a corporation

5 (If false, it must include "Limited Liability Company" or "LLC" or "L.P.")

6 2205 GOPHER TORTOISE TERR
Street and address of Foreign Office (if different from principal office)

7 2205 GOPHER TORTOISE TERR

8 2205 GOPHER TORTOISE TERR

9 Street address of Foreign Office (if different from principal office)

10 Street address of Foreign Office (if different from principal office)

OAKLAND, FL 34787

OAKLAND, FL 34787

11 Name and street address of Florida registered agent (P.O. Box Not acceptable)

Name

POTENCIANO CPA LLC

Office Address

6965 PIAZZA GRANDE AVE STE 307

ORLANDO

32835

Florida 32835

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

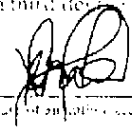
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]

<u>Title or Capacity:</u>		<u>Name and Address:</u>		<u>Title or Capacity:</u>		<u>Name and Address:</u>	
☐ Manager	Name	Fabricio R Figueiredo Duarte		☐ Manager	Name	Kelly V Mendes Pereira	
☐ Member	Address	2205 Gopher Tortoise Ter		☐ Member	Address	2205 Gopher Tortoise Ter	
☒ Authorized Person		Oakland FL 34787		☒ Authorized Person		Oakland FL 34787	
☐ Other				☐ Other			
☐ Manager	Name			☐ Manager	Name		
☐ Member	Address			☐ Member	Address		
☐ Authorized Person				☐ Authorized Person			
☐ Other				☐ Other			
☐ Manager	Name			☐ Manager	Name		
☐ Member	Address			☐ Member	Address		
☐ Authorized Person				☐ Authorized Person			
☐ Other				☐ Other			
☐ Manager	Name			☐ Manager	Name		
☐ Member	Address			☐ Member	Address		
☐ Authorized Person				☐ Authorized Person			
☐ Other				☐ Other			

Important Notice: Use an attachment to report more than six (6). The attachment will be indexed 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 605.02(3)(1)(b), Florida Statutes. I am aware that any false information submitted on a document to the Department of State constitutes a third degree felony as provided for in § 817.115, F.S.


Regulated or unregulated person

Kelly V Mendes Pereira

Regulated or unregulated person

STATE OF WYOMING
Office of the Secretary of State

I, CHUCK GRAY, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office,

LACEWING GROUP LLC
is a
Limited Liability Company

formed or qualified under the laws of Wyoming did on **July 20, 2024**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2024-001493073**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 30th day of July, 2024 at 4:06 PM. This certificate is assigned ID Number 074833025.



A handwritten signature in cursive script that reads 'Chuck Gray'.

Secretary of State