7/24/24, 10:06 AM Division of Corporations

Florida Department of State

Division of [illegible]

[illegible] Cover Sheet

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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.

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Note: DO NOT hit the REFRESH RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From:
Account Name : POTENCIANO CPA LLC
Account Number : 072300008170
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: _____

RECEIVED
2024 JUL 31 PM 01:15
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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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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 at (407) 413 - 2411
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 ■ $150.00 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 SECTIONS 605.0902, FLORIDA STATUTES, THE UNDERSIGNED IS SUBMITTING THIS APPLICATION FOR 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," "L.L.C." or "LLC")

2. WYOMING
Jurisdiction under the laws of which foreign limited liability company is organized

3. _____
FEI Number (if applicable)

4. _____
Mailing address of principal office
(Post office box address is not acceptable.)

5. 2205 GOPHER TORTOISE TERR
Principal office address

OAKLAND, FL 34787

6. 2205 GOPHER TORTOISE TERR
Mailing address

OAKLAND, FL 34787

7. 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, 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]

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
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	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), (3), 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

Kelly V Mendes Pereira

Typed or printed name of signer

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.

Chuck Gray

Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website https://wyobiz.wyo.gov and following the instructions displayed under Validate Certificate.