

10/21/24, 10:35 AM

Division of Corporations

**M2400014784**

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : HISPANUSA INC  
Account Number : 120070000099  
Phone : (954)478-2706  
Fax Number : (954)934-8334

\*\*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  
LLTP LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LLTP 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:

CRISTIANO ANCONA

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

8050 N UNIVERSITY DR STE 206

\_\_\_\_\_  
Address

TAMARAC, FL 33321

\_\_\_\_\_  
City/State and Zip Code

cristiano.ancona@gmail.com

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

For further information concerning this matter, please call:

CRISTIANO ANCONA

\_\_\_\_\_  
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 &    ☐ \$155.00 Filing Fee &    ☐ \$160.00 Filing Fee, Certificate  
Certificate of Status    Certified Copy    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. LLTP 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 3. 99-5143779  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEC 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)

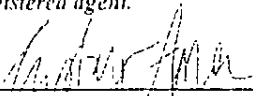
5. 8050 N UNIVERSITY DR STE 206 6. 8050 N UNIVERSITY DR STE 206  
(Street Address of Principal Office) (Mailing Address)  
TAMARAC, FL 33321 TAMARAC, FL 33321

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

Name: CRISTIANO ANCONA  
Office Address: 8050 N UNIVERSITY DR STE 206  
TAMARAC 33321  
(City) Florida (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).

Title or Capacity:Name and Address:☐ ManagerName: CRISTIANO ANCONA☒ MemberAddress: 8050 N UNIVERSITY DR☐ AuthorizedSTE 206

Person

TAMARAC, FL 33321☐ Other☐ OtherTitle or Capacity:Name and Address:☐ ManagerName: ERIC LABELLE☒ MemberAddress: 8050 N UNIVERSITY DR☐ AuthorizedSTE 206

Person

TAMARAC, FL 33321☐ Other☐ Other☐ Manager

Name: \_\_\_\_\_

☐ Member

Address: \_\_\_\_\_

☐ Authorized

\_\_\_\_\_

Person

\_\_\_\_\_

☐ Other☐ Other☐ Manager

Name: \_\_\_\_\_

☐ Member

Address: \_\_\_\_\_

☐ Authorized

\_\_\_\_\_

Person

\_\_\_\_\_

☐ Other☐ Other☐ Manager

Name: \_\_\_\_\_

☐ Member

Address: \_\_\_\_\_

☐ Authorized

\_\_\_\_\_

Person

\_\_\_\_\_

☐ Other☐ Other☐ Manager

Name: \_\_\_\_\_

☐ Member

Address: \_\_\_\_\_

☐ Authorized

\_\_\_\_\_

Person

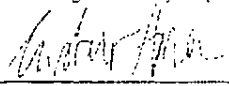
\_\_\_\_\_

☐ 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) (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

CRISTIANO ANCONA

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 "LLTP 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-THIRD DAY OF OCTOBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LLTP LLC" WAS FORMED ON THE THIRD DAY OF OCTOBER, A.D. 2024.



5392255 8300

SR# 20244028285

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://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: 204707705

Date: 10-23-24