## Florida Department of State Division of Corporations

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### Foreign Limited Liability Company ROMERO TRANSPORT LLC

| Certificate of Status | 1        |
|-----------------------|----------|
| Certified Copy        | 0        |
| Page Count            | 03       |
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## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 615.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: ROMERO TRANSPORT LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC.," or 'LLC.") ROMERO TRANSPORT LOGISTICS, LLC. (If name unavailable, extra alternate name adopted for the purpose of transacting business in Florida. The afternate name must include "Limited Liability Company," "LL.C." or "LLC.") 45-3162016 (Jurisdiction under the law of which foreign limited liability company is organized) (f Bl mumber, if applicable) 11/26/2024 4385 BERKELEY HEIGHTS AVE 4385 BERKELEY HEIGHTS AVE (Street Address of Principal Office) SPRING HILL FL 34606-6926 SPRING HILL FL 34606-5926 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) PEDRO L ROMERO MELO Name: 4385 BERKELEY HEIGHTS AVE Office Address: SPRING HILL

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.

Padro L. Romero Malo
(Registered agent's signature)

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manage [up to six (6) total]:

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to

| Title or Capacity: | Name and Address:              |   | Title or Capaci | <u>ty:</u>                          | Name and Address:                     |
|--------------------|--------------------------------|---|-----------------|-------------------------------------|---------------------------------------|
| ■Manager           | Name: PEDRO LUIS ROMERO MELO   | _ | □Manager        | Name:                               | 96<br>20                              |
| :<br>≣Member       | Address: 4385 BERKELEY HEIGHTS | • | □Member         |                                     |                                       |
| ■Authorized        | SPRING HILL FL 34606           |   | □Authorized     |                                     |                                       |
| Person             |                                |   | Person          | · · · · · · · · · · · · · · · · · · |                                       |
| Other              | Other                          |   | □Other          |                                     | □Other                                |
| •                  |                                |   |                 |                                     |                                       |
| □Manager           | Name:                          |   | □Manager        | Name;                               |                                       |
| □Member            | Address:                       |   | □Member         | Address:                            |                                       |
| □Authorized        |                                |   | ☐ Authorized    |                                     | · · · · · · · · · · · · · · · · · · · |
| Person             | <u> </u>                       |   | Person          |                                     | \$\\\-\ <u>\</u>                      |
| Other_             | Other                          |   | □Other          | <del>-</del>                        | □Other                                |
|                    | ;                              |   |                 |                                     |                                       |
| □Manager           | Name:                          |   | □Manager        | Name:                               | ·                                     |
| □Membèr            | Address:                       |   | □Member         | Address:                            |                                       |
| ☐ Authorized       |                                |   | □Authorized     |                                     | ···                                   |
| Person             |                                |   | 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) (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.

| Padro L. Romaro Malo              |
|-----------------------------------|
| Signature of an authorized person |
| BEDDO LURC DOLUMBO LA CALLA       |

PEDRO LUIS ROMERO MELO

Y

# STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES LONG FORM STANDING WITH OFFICERS AND DIRECTORS

#### ROMERO TRANSPORT LLC 0400438989

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on September 03, 2011.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

PEDRO L ROMERO 450 LIVINGSTON ST ELIZABETH, NJ 07206

I further certify that as of the date of this certificate, the following were listed as officers/directors of this business on the last Annual Report filed in this office on November 08, 2024.

OTHER

PEDRO L ROMERO MELO 233 ATLANTIC ST FL 2 ELIZABETH, NJ 07206



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixe? my Official Soal at Trenton, this 27th day of November, 2024

Blaket Hum

Elizabeth Maher Muoio State Treasurer

Certificate Number: 6159374997

Verify this certificate online as

https://www.l.state.nj.us/TYTR\_StandingCert/ISP/Verify\_Cert.jsp