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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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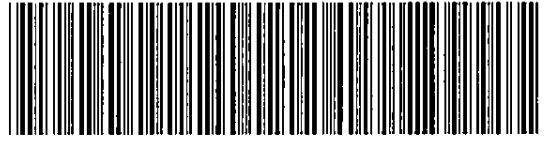
(Business Entity Name)

(Document Number)

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23 JAN 08 2025 11:54 AM  
RECEIVED - STATE OF MASSACHUSETTS  
SECRETARY OF STATE

T. LEMIEUX  
JAN 08 2025

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** GABA ENTERPRISE 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:

LUIS G. BARRAGAN VAZQUEZ  
Name of Person

GABA ENTERPRISE, LLC  
Firm/Company

2101 N. 10th St.  
Address

HIDALGO TEXAS 78557  
City/State and Zip Code

accounting@isg.com.mx  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LUIS G. BARRAGAN &/or CLAUDIA GOMEZ      956      843-6141  
Name of Contact Person      at (      )      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. GABA ENTERPRISE L.L.C.
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

GABA ENTERPRISE FLORIDA 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. TEXAS (Jurisdiction under the law of which foreign limited liability company is organized)
3. 85-1046743 (FEI number, if applicable)

4. NA
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 2101 N. 10th ST (Street Address of Principal Office)
6. 2101 N. 10th ST (Mailing Address)
HIDALGO TEXAS 78557 HIDALGO TEXAS 78557

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

Name: MELISSA BARRAGAN

Office Address: 5550 S. UNIVERSITY DR. APT. 7107

DAVIE, Florida 33328
(City) (Zip code)

2026 DEC -5 AM 11:54

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.

Melissa Barragan
(Registered agent's signature)

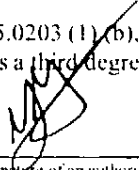
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>LUIS G. BARRAGAN</u>	<input checked="" type="checkbox"/> Manager	Name: <u>NAYELY BARRAGAN</u>
<input checked="" type="checkbox"/> Member	Address: <u>1901 RUBY CIR.</u>	<input checked="" type="checkbox"/> Member	Address: <u>1901 RUBY CIR.</u>
<input type="checkbox"/> Authorized Person	<u>PALMHURST TEXAS 78573</u>	<input type="checkbox"/> Authorized Person	<u>PALMHURST TEXAS 78573</u>
<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: <u>CLAUDIA GOMEZ</u>
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: <u>2101 N 10th ST</u>
<input type="checkbox"/> Authorized Person	_____	<input checked="" type="checkbox"/> Authorized Person	<u>HIDALGO TEXAS 78557</u>
<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 Person	_____	<input type="checkbox"/> Authorized 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

LUIS G. BARRAGAN VAZQUEZ  
 \_\_\_\_\_  
 Typed or printed name of signer

Corporations Section  
P.O.Box 13697  
Austin, Texas 78711-3697



Jane Nelson  
Secretary of State

## Office of the Secretary of State

### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for GABA ENTERPRISE, LLC (file number 803616751), a Domestic Limited Liability Company (LLC), was filed in this office on May 12, 2020.

It is further certified that the entity status in Texas is in existence.

Delayed Effective date: May 13, 2020

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on November 21, 2024.



A handwritten signature in black ink that reads "Jane Nelson".

Jane Nelson  
Secretary of State