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(Requestor's Name)
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25 JAN 17 PH 1:54

SECRETARY OF STATE



December 27, 2024

ADELFO ROQUE 3625 NW 82ND AVE STE 316 DORAL, FL 33166 US

SUBJECT: MEKASA, LLC. Ref. Number: W24000167667

We have received your document for MEKASA, LLC. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call.

Emani D Manning Regulatory Specialist II

Letter Number: 524A00027959

RECEIVED

JAN 17 2025

November 15, 2024

Registration Section Division of Corporations PO Box 6327 Tallahassee, FL 32314

Re:

Mekasa LLC

L24000442943

Name Release

To Whom It May Concern:

Mekasa LLC was initially incorporated in Delaware.

On October 17, 2024, we filed articles of incorporation in Florida as a limited liability company, but instead we should have filed an application as a Foreign Company registered to transact business in Florida.

Today, we filed Articles of Dissolution in Florida.

Now, we are filing an Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida (see document attached to this letter) and hereby, we are requesting a release of the name Mekasa LLC, to allow the name to be used to register the foreign limited liability company in Florida.

Thank you in advance for your support in the new registration.

Respectfully yours.

Dina Kafaty Manager

COVER LETTER

	EKASA, LLC.			
JBJECT:	Nam	e of Limited Liability Company		
		Company for Authorization to Transact Business in Florida," Certific		
		referenced foreign limited liability company to transact business in F		
ease return all	correspondence concerning this matter to	o the following:		
	ADELFO ROQUE			
		Name of Person		
	CAPITAL ACCOUNTS, INC.			
		Firm/Company		
	3625 NW 82ND AVE STE 316			
		Address		
	DORAL, FL 33166			
	C	ity/State and Zip Code		
	aroque@capitalaccounts.net			
	E-mail address: (to be	e used for future annual report notification)		
or further infor	mation concerning this matter, please cal	II:		
ADELFO ROQUE		305 482-9615		
*******	Name of Contact Person	at () Area Code Daytime Telephone Number		
Mailing Address: Registration Section		Street Address: Registration Section		
Division of Corporations		Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
Enclosi	ed is a check for the following amount:			

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:

_	Limited Liability Company, must include "Limite			"" I C" o	
(If name unavailable, enter alternate name adopted for the purpose of transacting business in DELAWARE 2. (Jurisdiction under the law of which foreign limited hability company is organized)			85-3372987 (FEI number, if applicable)		
OCTOBER 17, 2024 4	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 603,0905, F.S. to determ	registration) Inhilition		
888 BRICKELL KEY 5. (Street Address of Principal Office)			888 BRICKELL KEY DR, APT 2509 (Mailing Address)		_
MIAMI, FL 33131		-	MIAMI, FL 33131		
	SS of Florida registered agent: (P.O. Box	K. <u>NOT</u> a	cceptable)	25 J&N 17 P	SECRETARY)
Name: Office Address:	3625 NW 82ND AVE, STE 316			PH 1:54	OF STATE
	DORAL (City)		33166 , Florida	•	ক্র

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.

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]: Name and Address: Name and Address: Title or Capacity: Title or Capacity: *ΙΙΑΝΑ ΚΑΓΑΤΥ* JOSE MENA **■**Manager **⊯**Manager Name: 888 BRICKELL KEY DR 888 BRICKELL KEY DR ☐ Member Address: []Member Address: APT 2509 APT 2509 Authorized □ Authorized MIAMI, FL 33131 MIAMI, FL 33131 Person Person Other____ Other____ □Other Other___ Name: □Manager Name: _____ ☐Manager Address: _____ □ Member □Member Authorized □ Authorized Person Person Other____ Other_ Other_____ Other_ Name: _____ Name: _____ Manager □Manager Address: ______ ☐ Member □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. Nonindexed 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 parson

Typed or printed name of signee

DIANA KAFATY

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "MEKASA 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 THIRTIETH DAY OF OCTOBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MEKASA LLC" WAS FORMED ON THE FIFTH DAY OF OCTOBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

The second secon

Authentication: 204755989

Date: 10-30-24

3812486 8300 SR# 20244082390