M25000083685

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

T. LEMIEUX
JUN 10 2025

W24
86785

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: CUSTOM 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:

RAMON J. DE LEON
Name of Person

CUSTOM GROUP LLC.
Firm/Company

P.O. BOX 361497
Address

SAN JUAN, P.R. 00936-1497
City/State and Zip Code

rjdeleon@customgrouppr.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RAMON J. DE LEON at (787) 308-0464
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 ☐ $130.00 Filing Fee & Certificate of Status ☐ $155.00 Filing Fee & Certified Copy ■ $160.00 Filing Fee, Certificate of Status & Certified Copy

FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 8, 2024

RAMON J DE LEON
P.O. BOX 361497
SAN JUAN, PR 00936-1497

SUBJECT: CUSTOM GROUP LLC
Ref. Number: W24000086785

We have received your document for CUSTOM GROUP LLC and your check(s) totaling $160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable : "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer 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 (850) 245-6051.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 124A00012489

RECEIVED

JUN 10 2025

Custom
GROUP

PO Box 361497
San Juan PR 00936-1497
Tel (787) 793-1742
Fax. (787) 273-7213

JUNE 5, 2025

Florida Department of State
Division of Corporation
PO Box 6327
Tallahassee, Florida 32314

Subject: Custom Group LLC
Ref. W24000086785

Dear Sirs

I am enclosing a letter stating that the name required for our limited liability company is not available in the State of Florida.

We request that the following name be used "Custom Group Engineering LLC"

In addition, I include a new certificate of existence from Custom Group LLC Puerto Rico.

Waiting for your prompt response

Kind regards,

Ramon J De Leon PE

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. CUSTOM GROUP L.L.C.
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Custom Group Engineering 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. PUERTO RICO
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 66-0411164
(FEI 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. 27 GONZALEZ GIUSTI ST.
3 RIOS BUILDING SUITE 202
GUAYNABO, P.R. 00968-3076
(Street Address of Principal Office)

6. P.O. BOX 361497
SAN JUAN, P.R. 00936-1497
(Mailing Address)

FILED
2025 JUN 10 AM 3:00
SECRETARY OF STATE
TALLAHASSEE, FL

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

Name: MARGARITA ITURRIAGA

Office Address: 3409 DAY AVENUE

MIAMI (City), Florida 33133 (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)

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: RAMON J. DE LEON	■Manager	Name: FERNANDO J. DE LEON
☐Member	Address: P.O. BOX 361497	■Member	Address: P.O. BOX 361497
■Authorized	SAN JUAN, P.R. 00936-1497	■Authorized	SAN JUAN, P.R. 00936-1497
Person		Person	
☐Other	☐Other	☐Other	☐Other
☐Manager	Name:	☐Manager	Name:
☐Member	Address:	☐Member	Address:
☐Authorized		☐Authorized	
Person		Person	
☐Other	☐Other	☐Other	☐Other
☐Manager	Name:	☐Manager	Name:
☐Member	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.

Signature of an authorized person

DEPARTMENT OF STATE
GOVERNMENT OF PUERTO RICO

CERTIFICATE OF EXISTENCE

I, **Narel W. Colón Torres, Acting Secretary of State** of the Government of Puerto Rico,

CERTIFY: That according to our records **CUSTOM GROUP LLC**, with registration number **58247**, is a **domestic for profit limited liability company** organized on **October 25, 1984**.

This certification does not certify that this corporation has filed its annual reports, pursuant to the requirements of the General Corporations Law, as amended. If you need to know if such reports have been filed, you must request a Certificate of Good Standing.

GREAT SEAL OF PUERTO RICO

IN WITNESS WHEREOF, the undersigned by virtue of the authority vested by law, hereby issues this certificate and affixes the Great Seal of the Government of Puerto Rico, in the City of San Juan, Puerto Rico, today, **May 7, 2025**.

Narel W. Colón

Narel W. Colón Torres
Acting Secretary of State

To validate this certificate go to: https://estado.pr.gov/

This certificate can be validated an unlimited number of times before its expiration date of 07-May-2026

Certificate Validation Number: **794948-12731324**