

M23000006374

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

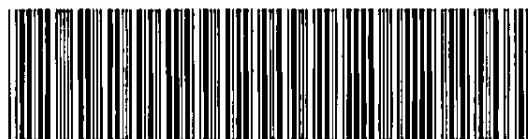
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

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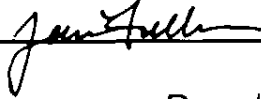
FILED
2023 MAY 16 PM 1:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
2023 MAY 16 AM 10:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

Please use funds from this account: I20210000160 **\$160.00**

Authorization Signature: _____



Lopes Law, PLLC

Business Name

Doc. #

Certified Copy of

Certificate of Status

NEW FILINGS

- Profit Corp
- Not for Profit
- Officer/Director
- Limited Liability
- Domestication
- Other
- CORP**
- LLLP**

AMENDMENTS

- Amendment
- Resignation of R.A.
- Change of Registered Agent
- Revocation of Dissolution
- Merger
- Conversion**
- Amended and restated Articles**
- Statement of Authority**

OTHER FILINGS

- Annual Report
- Fictitious Name
- APOSTILLE**

Country

REGISTRATION/QUALIFICATIONS

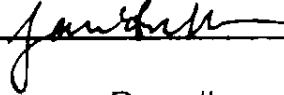
- Foreign filing
- Limited Partnership
- Reinstatement
- Other**

EXAMINER'S INITIALS: _____

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LOPES LAW, PLLC
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:

Guilherme Lopes de Sousa
Name of Person
Lopes Law, PLLC
Firm/Company
6675 Westwood Blvd Ste 330
Address
Orlando, FL 32821
City/State and Zip Code
guilherme@lopes.law
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Guilherme Lopes at (407) 7263456
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

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. Lopes Law, PLLC
(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. New York 88-1946830
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 04/27/2023
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 6675 Westwood Blvd
(Street Address of Principal Office)
Suite 330
Orlando, FL 32821
6. 6675 Westwood Blvd
(Mailing Address)
Suite 330
Orlando, FL 32821

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

Name: Lopes & Sousa LLC
Office Address: 6675 Westwood Blvd Ste 330
Orlando, Florida 32821
(City) (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.

Guilherme Lopes
(Registered agent's signature)

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STATE OF FLORIDA
TALLAHASSEE, FL

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: Manager **Name and Address:** Name: Guilherme Lopes de Sousa, Esq.
 Member Address: 6675 Westwood Blvd
 Authorized Suite 330
 Person Orlando, FL 32821
 Other _____ Other _____

Title or Capacity: Manager **Name and Address:** 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 _____

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.

Guilherme Lopes
 Signature of an authorized person

Guilherme Lopes de Sousa
 Typed or printed name of signer

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name:	LOPES LAW, PLLC
DOS ID Number:	6468512
Entity Type:	DOMESTIC PROFESSIONAL SERVICE LIMITED LIABILITY COMPANY
Entity Status:	EXISTING
Date of Initial Filing with DOS:	04/27/2022
Statement Status:	CURRENT
Statement Due Date:	04/30/2024

No information is available from this office regarding the financial condition, business activity or practices of this entity.

WITNESS my hand and official seal of the Department of State,
at the City of Albany, on May 15, 2023 at 10:16 A.M.

ROBERT J. RODRIGUEZ, Secretary of State



Brendan C. Hughes

By Brendan C. Hughes
Executive Deputy Secretary of State