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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

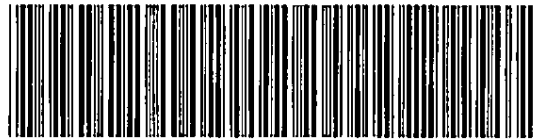
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APR 05 2021

04/06/21--01003--019 **160.00

FILED
2021 MAY -5 PM 3:05
COMMERCIAL SERVICE
UNITED STATES PATENT AND TRADEMARK OFFICE

**US
5/6/21**



CARLOS M. LLORENTE
Attorney at Law
9922 Aviation Blvd.
Marathon, Florida 33050

cmlishomea@gmail.com
Telephone: (954) 257-1469,

April 27, 2021

Attention: Yvette Scott, Document Specialist
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: Letter Number 021A00008280
Ref Number: W21000054631

FILED
2021 MAY -5 PM 3:06
CORPORATION DIVISION
TALLAHASSEE, FLORIDA

Dear Ms. Scott:

Enclosed please find the corrected Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida. This should resolve the first issue referenced in your letter of April 21, 2021.

As for the second issue, that is easily resolved. On February 18, 2021 I am the one that applied online for the Cargon Enterprises, LLC name and incorporation as an LLC. I did receive a response that there was an issue with the application. I did not correct the issue because in the interim a third-party document provider I was using to develop the Operating Agreement went ahead and incorporated the name in Wyoming for me.

Accordingly, I am abandoning the February 18, 2021 filing in favor of the Authorization to Transact Business in Florida under the name Cargon Enterprises, LLC. As we discussed in our telephone conversation of today, the application fee does not need to be sent again.

Please let me know as soon as possible if this resolves both issues. I may be reached by telephone at 954 257-1469 or email at cmlishomea@gmail.com.

Thank you for your prompt attention to this matter.

Very truly yours,


Carlos M. Llorente

RECEIVED
MAY 03 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cargon Enterprises, 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:

Carlos M. Llorente
Name of Person

Firm/Company

9922 Aviation Blvd.
Address

Marathon, Florida 33050
City/State and Zip Code

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

2021 MAY -5 11:3:06
FILED

For further information concerning this matter, please call:

Carlos M. Llorente at (954) 257-1469
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. Cargon Enterprises, LLC
(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. Wyoming 86-2293200
(Jurisdiction under the law of which foreign limited liability company is organized) (FEL number, if applicable)

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

5. 9922 Aviation Blvd. 6. 9922 Aviation Blvd.
(Street Address of Principal Office) (Mailing Address)
Marathon, FL 33050 Marathon, FL 33050

2021 MAY - 5 PM 3:06
FILED
MAR 5 2021

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

Name: Carlos M. Llorente
Office Address: 9922 Aviation Blvd.
Marathon, FL 33050 Florida
(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.

(Registered agent's signature)

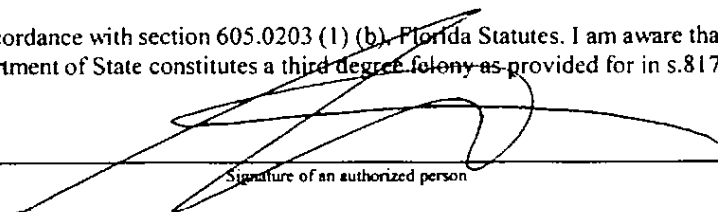
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

| <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: Carlos M. Llorente | <input type="checkbox"/> Manager | Name: _____ |
| <input type="checkbox"/> Member | Address: 9922 Aviation Blvd. | <input type="checkbox"/> Member | Address: _____ |
| <input type="checkbox"/> Authorized Person | Marathon, FL 33050 | <input type="checkbox"/> Authorized Person | _____ |
| <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 _____ |
| <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
Carlos M. Llorente

Typed or printed name of signer

STATE OF WYOMING
Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

Cargon Enterprises, LLC
is a
Limited Liability Company

formed or qualified under the laws of Wyoming did on **February 26, 2021**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2021-000984088**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 1st day of April, 2021 at 8:36 AM. This certificate is assigned ID Number 043439334.



Edward A. Buchanan
Secretary of State

SECRETARY OF STATE
APR 1 5 5 PM '21
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Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website <https://wyobiz.wyo.gov> and following the instructions displayed under Validate Certificate.

SECRETARY OF STATE
OFFICE OF THE SECRETARY OF STATE
STATE OF WYOMING