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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP    WAIT    MAIL

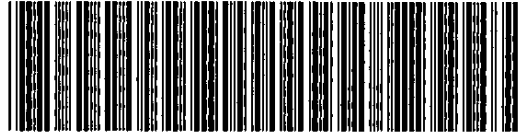
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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OCT 20 2015  
S. YOUNG

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** 1600 NE 7TH AVENUE, 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:

MARK WEBER  
\_\_\_\_\_  
Name of Person  
  
PASSEN ENTERPRISES, LLC  
\_\_\_\_\_  
Firm/Company  
  
200 SW 1 AVENUE, SUITE 830  
\_\_\_\_\_  
Address  
  
FORT LAUDERDALE, FLORIDA 33301  
\_\_\_\_\_  
City/State and Zip Code  
  
WKOCH@PASSENENTERPRISES.COM  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

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16 OCT 19 PM 5:00  
SECRETARY OF STATE  
CORPORATION DIVISION

For further information concerning this matter, please call:

MARK WEBER at ( 954 ) 900-5837  
\_\_\_\_\_  
Name of Contact Person Area Code Daytime Telephone Number

**MAILING ADDRESS:**  
Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- \$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. 1600 NE 7TH AVENUE, 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. NEVADA 3. 47-5174831  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 10/12/15  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 200 SW 1 AVENUE SUITE 830  
FORT LAUDERDALE, FLORIDA 33301  
(Street Address of Principal Office)

6. 200 SW 1 AVENUE, SUITE 830  
FORT LAUDERDALE, FLORIDA 33301  
(Mailing Address)

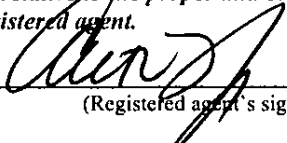
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: FREVOLA, ALBERT L, JR.  
Office Address: 633 S. FEDERAL HWY  
FORT LAUDERALE, Florida 33011  
(City) (Zip code)

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TALLAHASSEE, FLORIDA

**Registered agent's acceptance:**

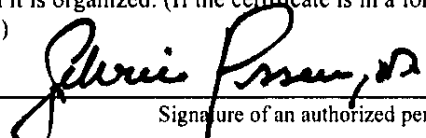
*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

SELVIN PASSEN, MD  
200 SW 1 AVENUE, SUITE 830  
FORT LAUDERDALE, FLORIDA 33301

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)

  
Signature of an authorized person

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.

SELVIN PASSEN, MD  
Typed or printed name of signee

SECRETARY OF STATE



LIMITED LIABILITY COMPANY CHARTER

I, BARBARA K. CEGAVSKE, the Nevada Secretary of State, do hereby certify that 1600 NE 7TH AVENUE LLC did on September 14, 2015, file in this office the Articles of Organization for a Limited Liability Company, that said Articles of Organization are now on file and of record in the office of the Nevada Secretary of State, and further, that said Articles contain all the provisions required by the laws governing Limited Liability Companies in the State of Nevada.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on September 14, 2015.

*Barbara K. Cegavske*

BARBARA K. CEGAVSKE  
Secretary of State



Certified By: Electronic Filing  
Certificate Number: C20150914-2462  
You may verify this certificate  
online at <http://www.nvsos.gov/>

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OCT 19 10 50 AM '15  
SECRETARY OF STATE  
NORTH LAS VEGAS, NEVADA