

MI5000008779

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

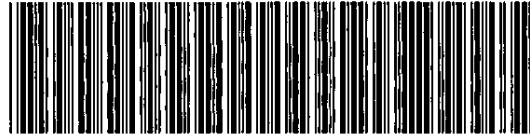
(Document Number)

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

Special Instructions to Filing Officer:

W5-69541

Office Use Only



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2015 NOV -2 A 12:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NOV 03 2015  
D. BRUCE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 20, 2015

MARK WEBER  
PASSEN ENTERPRISES, LLC  
200 SW 1 AVENUE, SUITE 830  
FORT LAUDERDALE, FL 33301

SUBJECT: 839 CONGRESS AVENUE, LLC  
Ref. Number: W15000069541

We have received your document for 839 CONGRESS AVENUE, 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):

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

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.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 115A00022158

RECEIVED

15 NOV -2 PM 4:09

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TALLAHASSEE, FLORIDA

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** 839 CONGRESS 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)

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

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TALLAHASSEE, FLORIDA

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**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. 839 CONGRESS 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. 47-5158940  
(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 LAUDERDALE, Florida 33011  
(City) (Zip code)

**Registered agent's acceptance:**

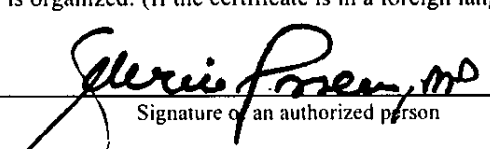
*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all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

SELVIN PASSEN, MD, Managing Member  
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

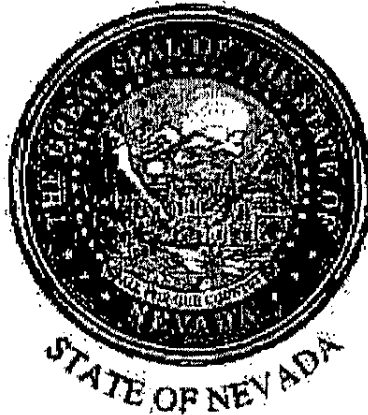
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SELVIN PASSEN, MD

Typed or printed name of signee

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2015 NOV - 2 A 12: 15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# SECRETARY OF STATE



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, BARBARA K. CEGAVSKE, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **839 CONGRESS AVENUE LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since September 14, 2015, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on October 27, 2015.

*Barbara K. Cegavske*

BARBARA K. CEGAVSKE  
Secretary of State

Electronic Certificate  
Certificate Number: C20151027-1528  
You may verify this electronic certificate  
online at <http://www.nvsos.gov/>