

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000151294 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)205-8842
Fax Number : (850)878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## Foreign Limited Liability Company 718 Star Venture LLC

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY EXAMINER

JUN 22

## COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: 718 Star Venture 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:		
William S. Weisman		
Name of Person  Nelsman & Margolia, P.A.		
Firm/Company		
140 N. Federal Highway, 2mfc		
Boca Rollon 1 33432 City/State and Zip Code		
WWE'S MAN @ Whom lawers. (ow)  E-trail address: (to be used for fugure annual report notification)		
For further information concerning this matter, please call:		
William Welsman at (50) 212-9555  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 Tallahassee, FL 32314  Division of Corporations Registration Section Clifton Building Tallahassee, FL 32301		
Enclosed is a check for the following amount:  \$\B\\$125.00 \text{ Filing Fee} \\ \text{Certificate of Status} \Big  \Big  \text{\$\text{Status} \text{Certified Copy}} \Big  \Big  \text{\$\text{\$\text{\$\text{Status}\$} \$\text{\$\tex		

## 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 FOREIG COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:  1. (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 Liability Company," "L.L.C," or "LLC.")  2. P. AWOWE 3.	include "Limited
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	
4. (Date first transacted business in Florida, if prior to registration.)	
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)  5	- 1
New York, NY 10022	3g <b>3</b>
(Street Address of Principal Office)  6. 590 Madison Avenue	
New York, NY 10022 (Mailing Address)	
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	M 10: 20
Namo: William Weisman	9. K
Office Address: 140 N. Federal Agricul 2 no +C	<u> </u>
Loca Raton, Florida 33432	
(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 con designated in this application, I hereby accept the appointment as registered agent and agree to act in this capa to complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I accept the obligations of my position as registered agent.	city. I further agree
(Registered agent's signature)	•
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:	
DAVID Edelstein, Manager, 590 Madison Avenue, New York, NY 10	0022
	<u></u>
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody surisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate runstator must be submitted)	of records in the rtificate under oath
Signature from authorization fon	
This document is executed in accordance with section 605.0203 (1) (b), Plorida Statutes. I am aware that any false is submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.	nformation .S.
Typed or printed name of signee	

## Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "718 STAR VENTURE LLC" IS DULY FORMED
UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND
HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS
OF THE FIRST DAY OF JUNE, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "718 STAR VENTURE LIC" WAS FORMED ON THE TWENTY-FIRST DAY OF APRIL, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.



6022253 8300

SR# 20164215308

You may verify this cartificate online at corp.delaware.gov/authver.shtml



Authentication: 202414560

Date: 06-01-16