

# M19000005009

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

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

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

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

☐ PICK-UP

☐ WAIT

☐ MAIL

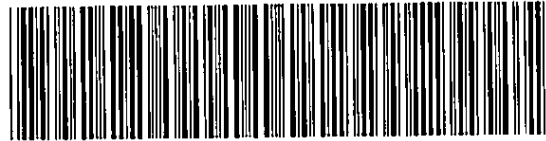
\_\_\_\_\_  
(Business Entity Name)

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

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

Special Instructions to Filing Officer:

Office Use Only



100329664411

FILED  
19 MAY 20 PM 2:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
SECRETARY OF STATE  
19 MAY 20 PM 4:23

K SALY  
MAY 21 2019

**FLORIDA FILING & SEARCH SERVICES, INC.**

**P.O. BOX 10662 TALLAHASSEE, FL 32302**

**155 Office Plaza Dr Ste A Tallahassee FL 32301**

**PHONE: (800) 435-9371; FAX: (866) 860-8395**

---

**DATE: 5/20/19**

**NAME: ASTOR SOUTH DALE MABRY HIGHWAY, LLC**

**TYPE OF FILING: APPLICATION**

**COST: 125.00**

**RETURN: PLAIN COPY PLEASE**

---

**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**

*Atbodge*

---

*\* File Second \**

Astor Property Holdings, LLC  
21 Almeria Avenue, Suite A  
Coral Gables, FL 33134

FILED  
19 MAY 20 PM 2:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

May 20, 2019

VIA ELECTRONIC DELIVERY

Registration Section  
Division of Corporations

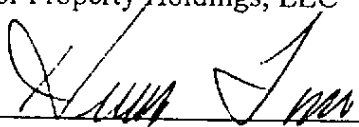
Re: Astor South Dale Mabry Highway, LLC, a Florida limited liability company  
Document Number L19000122519

Dear Sir/Madam:

The undersigned, Astor Property Holdings, LLC, a Florida limited liability company, as the sole member and manager of Astor South Dale Mabry Highway, LLC, a Florida limited liability company (the "Florida Company"), that is contemporaneously herewith filing Articles of Dissolution for purposes of dissolving the Florida Company, hereby authorizes the Secretary of State of Florida to release the name of Astor South Dale Mabry Highway, LLC. Astor South Dale Mabry Highway, LLC, a Delaware limited liability company, is about to file an Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida. We would like the name Astor South Dale Mabry Highway, LLC released so that the said Delaware company may make use of the subject name in Florida.

Very truly yours,

Astor Property Holdings, LLC

By:   
Henry Torres, Manager

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. Astor South Dale Mabry Highway, 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. Delaware  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 84-1749244  
(FEI number, if applicable)

4. May 10, 2019  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 21 Almeria Avenue, Suite A  
(Street Address of Principal Office)

6. 21 Almeria Avenue, Suite A  
(Mailing Address)

Coral Gables, FL 33134

Coral Gables, FL 33134

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

Name: Henry Torres

Office Address: 21 Almeria Avenue, Suite A

Coral Gables, Florida 33134  
(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)

FILED  
19 MAY 20 PM 2:15  
STATE  
TALLAHASSEE, FLORIDA

FILED  
19 MAY 20 PM 2:15  
CLERK OF THE COURT  
TALLAHASSEE, FLORIDA

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:**                      **Name and Address:**

☒ Manager      Name: Astor Property Holdings, LLC

☒ Member      Address: 21 Almeria Avenue, Suite A

☐ Authorized      Coral Gables, FL 33134

Person \_\_\_\_\_

☐ Other \_\_\_\_\_      ☐ Other \_\_\_\_\_

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

☐ 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 \_\_\_\_\_

☐ Manager      Name: \_\_\_\_\_

☐ Member      Address: \_\_\_\_\_

☐ Authorized      \_\_\_\_\_

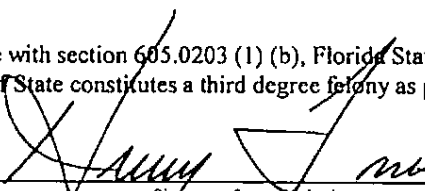
Person \_\_\_\_\_

☐ 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.

  
\_\_\_\_\_  
Signature of an authorized person

Henry Torres  
\_\_\_\_\_  
Typed or printed name of signer

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "ASTOR SOUTH DALE MABRY HIGHWAY, 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 TENTH DAY OF MAY, A.D. 2019.


FILED  
19 MAY 20 PM 2:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



7413167 8300

SR# 20193746771

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
Jeffrey W. Bullock, Secretary of State

Authentication: 202800726

Date: 05-10-19