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(Requestor's Name)					
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(Ci	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
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Registration Section

TO:

Divisi	ion of Corporation	s					
JBJECT: _	23rd Street Partners						
	Name of Limited Liability Company						
		rign Limited Liability Company I to register the above reference					
lease return a	ll correspondence co	oncerning this matter to the foll	owing:				
	Jorge R. Gu	tierrez					
		Namo	of Person				
	Gutierrez Bergman Boulris, PLLC						
	Firm/Company						
	901 Ponce de Leon Blvd., Suite 303						
		A	ddress				
	Coral Gables, F.	L 33134					
		City/State	and Zip Code				
	regagent@gbbpl.c						
		E-mail address: (to be used fo	r future annua	report notificat	ion)		
or further info	ormation concerning	this matter, please call:					
Jorge	R. Gutierrez	a	305 t (358-5100			
	Name of	Contact Person	Area Code	Daytime '	Telephone Number		
	LING ADDRESS:			STREET ADI			
	ion of Corporations			Division of Co	•		
	tration Section 3ox 6327			Registration Se Clifton Buildir			
	nassee, FL 32314				e Center Circle		
		e following amount: le to: FLORIDA DEPARTMI	ENT OF STA	TE			
_	125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00	Filing Fee & ed Copy	\$160.00 Filing of Status & Cert		

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPILANCE 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:

number, if applicable) lvd., Suite R-240 (Address)
lvd., Suite R-240
(Address)
(Address)
(Address)
1
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p code)
4 Zij

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:

Mame and Address:

Title or Capacity:

Name:

Wynwood Partners LLC

Manager

Name:

2333 Ponce de Leon Blyd.

Title or Capacity:	<u>Name and Address:</u>	Title or Capacity	<u>:</u>	Name and Address:
Manager	Name: Wynwood Partners LLC	☐ Manager	Name:	
Member	Address: 2333 Ponce de Leon Blvd.	☐ Member	Address:	
Authorized	Suite R-240	Authorized		
Person	Coral Gables, FL 33134	Person		
Other	Other	Other		Other
☐Manager	Name:	☐ Manager	Name:	
■Member	Address: 901 Ponce de Leon Blvd.	☐ Member	Address:	
Authorized	Suite 303	Authorized		~~~
Person	Coral Gables, FL 33134	Person		2019 DE
Other	Other	Other		Other.
■Manager	Name: Yunexy Eloy	☐ Manager	Name:	PH 2: 50
Member	Address: 86 SW 8 Street	☐ Member	Address:	50
■Authorized	Apt 4706	Authorized		
Person	Miami, FL 33130	Person		
Other	Other	Other		Other

<u>Important Notice</u>: 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.

Jorge R. Gutierrez

Typed or printed name of signee



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "23RD STREET PARTNERS 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 SIXTH DAY OF DECEMBER, A.D. 2019.

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

Authentication: 204153452

Date: 12-06-19



December 4, 2019

JORGE R. GUTTIERREZ GUTIERREZ BERGMAN BOULRIS, PLLC 901 PONCE DE LEON BLVD., SUITE 303 CORAL GABLES, FL 33134

SUBJECT: 23RD STREET PARTNERS LLC

Ref. Number: W19000104018

We have received your document for 23RD STREET PARTNERS LLC and check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

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.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Letter Number: 919A00024568

Mel Solomon
Regulatory Specialist II Supervisor

2019 DEC 10 PH 2: 3

OFC IO PH 2: a

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