

10/20/20

FAX AUDIT NO.: H200003648123

Division of Corporations

Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : MICHAEL J. FREEMAN, P.A.
Account Number : 072720000142
Phone : (305)442-1567
Fax Number : (305)442-1227

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

Email Address: MFREEMAN@FREEMANMIAMI.COM

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Foreign Limited Liability Company
5296 W Irlo Bronson Memorial HWY LLC

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	\$160.00

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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. 5296 W Irlo Bronson Memorial HWY LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC")

2. DELAWARE 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FBI number, if applicable)

4. SEPTEMBER 28, 2020
(Date first transacted business in Florida (if past in registration)
(See sections 605.0904 & 605.0905, F.S., to determine penalty (if any))

5. <u>C/o Becker Glynn Muffy Chassin & Hosinski LLP</u> (Street Address of Principal Office)	6. <u>C/o Becker Glynn Muffy Chassin & Hosinski LLP</u> (Mailing Address)
<u>289 Park Avenue</u>	<u>299 Park Avenue</u>
<u>New York NY 10171</u>	<u>New York NY 10171</u>

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

Name: M.J.F. REGISTERED AGENT CORP.
Office Address: 153 SEVILLA AVENUE
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.

M J F
(Registered agent's signature)

FILED
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CLERK OF THE COURT
JUDICIAL CIRCUIT IN AND FOR
DADE COUNTY, FLORIDA

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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):

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
☒ Manager	Name: <u>SARKIS ARAKELIAN NETTO</u>	☐ Manager	Name: <u>MARIA CRISTINA NAZARIAN</u>
☐ Member	Address: <u>299 PARK AVENUE</u>	☐ Member	Address: <u>299 PARK AVENUE</u>
☐ Authorized	<u>NEW YORK, NY 10171</u>	☐ Authorized	<u>NEW YORK, NY 10171</u>
Person	_____	Person	_____
☐ Other _____	☐ Other _____	☒ Other Deputy Operating Manager	☐ Other _____
☐ Manager	Name: _____	☐ Manager	Name: _____
☐ Member	Address: _____	☐ Member	Address: _____
☐ Authorized	_____	☐ Authorized	_____
Person	_____	Person	_____
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____
☐ Manager	Name: _____	☐ Manager	Name: _____
☐ Member	Address: _____	☐ Member	Address: _____
☐ Authorized	_____	☐ Authorized	_____
Person	_____	Person	_____
☐ Other _____	☐ Other _____	☐ 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.

Maria Cristina Nazarian Arakelian
Signature of authorized person

Maria Cristina Nazarian Arakelian
Typed or printed name of signer

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Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "5296 W IRLO BRONSON MEMORIAL HWY 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 TWENTY-EIGHTH DAY OF SEPTEMBER, A.D.
2020.

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



7582030 8300

SR# 20207511450

You may verify this certificate online at corp.delaware.gov/auth.ver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203745501

Date: 09-28-20

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