

M21000003108

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

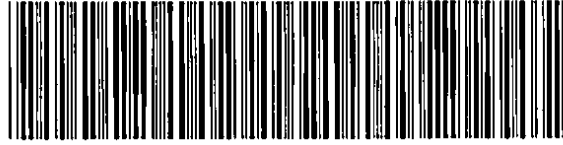
(Document Number)

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APPROVED AND FILED

MAR 18 2021  
K Brumbley

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

**WALK IN**

**PICK UP:** 03/17/2021

- XX** CERTIFIED COPY \_\_\_\_\_
- PHOTOCOPY \_\_\_\_\_
- XX** CUS \_\_\_\_\_
- XX** FILING ARTICLES \_\_\_\_\_

- 8 ISLE OF VENICE, LLC  
(CORPORATE NAME AND DOCUMENT #)
- \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
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(CORPORATE NAME AND DOCUMENT #)

**ADDITIONAL INSTRUCTIONS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

COVER LETTER

Registration Section  
Division of Corporations

Cali Group - 8 Isle of Venice, LLC

SUBJECT:

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:

SIOLA HASHORVA

Name of Person

THE HASHORVA LAW FIRM, PLLC

Firm/Company

189 E. BIG BEAVER RD., SUITE 207

Address

TROY, MI 48083

City/State and Zip Code

S.HASHORVA@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Siola Hashorva at (248) 703 - 0515  
Name of Contact Person Area Code Daytime Telephone Number

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: FLORIDA DEPARTMENT OF STATE

- \$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

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. CALI GROUP - 8 ISLE OF VENICE, 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. (FEI number, if applicable)

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

5. 189 E. BIG BEAVER RD
(Street Address of Principal Office)
SUITE 207
TROY, MI 48083
6. 189 E. BIG BEAVER RD
(Mailing Address)
SUITE 207
TROY, MI 48083

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

Name: Corporate Access Inc.
Office Address: 236 E. 6th Ave.
Tallahassee, Florida 32303
(City) (Zip code)

2021 MAR 17 AM 8:40
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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.

Day B...
(Registered agent's signature)

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: ERIS CALI  
 Member Address: 189 E. BIG BEAVER RD.  
 Authorized SUITE 207  
Person TROY, MI 48083  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Title or Capacity: Name and Address:  
 Manager Name: ANGJELIN CALI  
 Member Address: 189 E. BIG BEAVER RD.  
 Authorized SUITE 207  
Person TROY, MI 48083  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Manager Name: LUCIE CALI  
 Member Address: 189 E. BIG BEAVER RD.  
 Authorized SUITE 207  
Person TROY, MI 48083  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Manager Name: MARCELA NONAJ  
 Member Address: 189 E. BIG BEAVER RD.  
 Authorized SUITE 207  
Person TROY, MI 48083  
 Other \_\_\_\_\_  Other \_\_\_\_\_

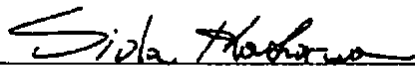
Manager Name: SIOLA HASHORVA  
 Member Address: 189 E. BIG BEAVER RD.  
 Authorized SUITE 207  
Person TROY, MI 48083  
 Other \_\_\_\_\_  Other \_\_\_\_\_

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

SIOLA HASHORVA

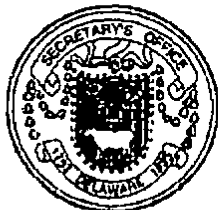
Typed or printed name of signer

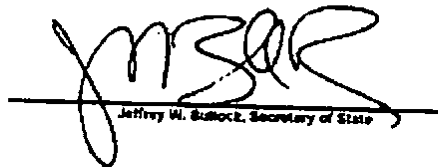
# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CALI GROUP - 8 ISLE OF VENICE, 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 FIFTEENTH DAY OF MARCH, A.D. 2021.



  
Jeffrey W. Bullock, Secretary of State

5478653 8300

SR# 20210880429

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

Authentication: 202728733

Date: 03-15-21