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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

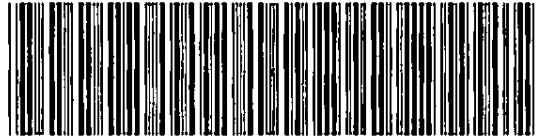
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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1/22/23 ✓

FITCH LAW FIRM
A PROFESSIONAL CORPORATION
ATTORNEYS AT LAW
3465 CAMINO DEL RIO SOUTH, STE. 250
SAN DIEGO, CALIFORNIA 92108-3905

TELEPHONE
(619) 282-8100
FACSIMILE
(619) 282-8900

TRANSMITTAL MEMO

DATE: December 23, 2022

Florida Department of State
Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

File Name:+ 3614 Camino De La Cumbre, LLC.

Our File No.: FABRICANT01

Enclosures: Please find enclosed the original and one copy of the following documents:


1. Cover letter to Registration Section - Division of Corporations;
2. Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida; and
3. Certificate of Good Standing for 3614 Camino De La Cumbre, LLC. dated December 22, 2022.

We have also enclosed our office account check no. 14925 in the amount of \$130.00 to cover the costs of filing.

Requested Action: Please return the conformed copies to our office in the pre-addressed envelope provided.

Sincerely,

FITCH LAW FIRM, APC.

By: 
Cindy Schiff
Secretary to Stephen J. Fitch

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 3614 CAMINO DEL LA CUMBRE, 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:

Stephen J. Fitch, Esq.
Name of Person

Fitch Law Firm, APC.
Firm/Company

3465 Camino Del Rio South Ste. 250
Address

San Diego, CA 92108
City/State and Zip Code

steve@fitchlawfirm.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephen Fitch at (619) 282-8100
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. 3614 CAMINO DE LA CUMBRE, 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. CALIFORNIA
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 47-5214412
(FEI number, if applicable)

4. OCTOBER 24, 2022
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 8319 SE Riversedge St
(Street Address of Principal Office)

6. 214 1/2 Marguerite Ave
(Mailing Address)

Jupiter, FL 33458
Corona del Mar, CA 92625

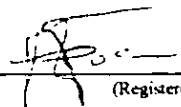
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Robert N. Fabricant

Office Address: 8319 SE Riversedge St

Jupiter, Florida 33458
(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)

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: Robert N. Fabricant

Member Address: 8319 SE Riversedge St

Authorized Jupiter, Fl. 33458

Person _____

Other _____ Other _____

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

Manager Name: Gail Fabricant

Member Address: 8319 SE Riversedge St

Authorized Jupiter, Fl. 33458

Person _____

Other _____ Other _____

Manager Name: Robert I. Fabricant

Member Address: 214 1/2 Marquerite Ave

Authorized Corona del Mar, CA 92625

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

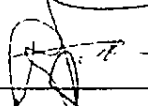
Person _____

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

Robert N. Fabricant

Typed or printed name of signee



Secretary of State Certificate of Status

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name: 3614 CAMINO DE LA CUMBRE, LLC
Entity No.: 201527110009
Registration Date: 09/24/2015
Entity Type: Limited Liability Company - CA
Formed In: CALIFORNIA
Status: Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of December 22, 2022.

SHIRLEY N. WEBER, PH.D.
Secretary of State

Certificate No.: 068424534

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at bizfileOnline.sos.ca.gov.