

m170000003917

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

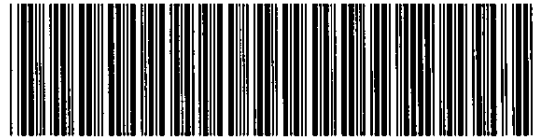
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700298674407

05/05/17--01022--018 \$155.00

FILED
17 MAY - 5 PM 5: 54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S Warren

MAY - 8 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Licking Sunrise LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ahmand R. Johnson

Name of Person

Diaz Reus & Targ LLP

Firm/Company

100 SE 2nd Street, Miami Tower, Suite 3400

Address

Miami, FL 33131

City/State and Zip Code

ajohnson@diazreus.com

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

For further information concerning this matter, please call:

Ahmand R. Johnson

954
at ()

598-3625

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

**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. The Licking Sunrise, 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. 82-1203700

(FEI number, if applicable)

4. N/A

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

5. 2660-2668 N. University Drive #2662

(Street Address of Principal Office)

Sunrise, FL 33322

6. 2660-2668 N. University Drive #2662

(Mailing Address)

Sunrise, FL 33322

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

Name: Ahmand R. Johnson, Esq.

Office Address: 100 SE 2nd Street, Miami Tower, Suite 3400

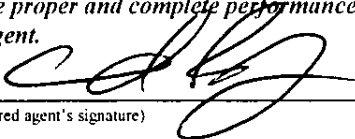
Miami, Florida 33131

(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. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Title or Capacity:

Name and Address:

Title or Capacity:

Name and Address:

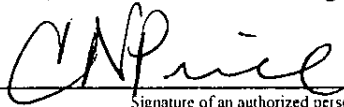
Member

Christine Nicole Prince

1731 NW 183rd Drive #3
Miami Gardens, FL 33056

(Use attachments if necessary)

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)


Signature of an authorized person

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.

Christine N. Prince
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 "THE LICKING SUNRISE, 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 APRIL, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "THE LICKING SUNRISE, LLC" WAS FORMED ON THE SIXTH DAY OF APRIL, A.D. 2017.


Jeffrey W. Bullock, Secretary of State

6371859 8300

SR# 20172889997

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

Authentication: 202454051

Date: 04-28-17