M17000006093

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	_
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





000301337060

07/17/17--01025--004 **125.00

17 JUL 17 PH 3: 45

S. WARREN JUL 19 2017

COVER LETTER

TÓ:

Registration Section Division of Corporations

Law Offices of Jay S. Marks, LLC

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:

Natasha D. Perez, Esq.

Name of Person

Law Offices of Perez & Perez

Firm/Company

1105 SW 87 Avenue

Address

Miami, Florida 33174

City/State and Zip Code

jay@marksjustice.com

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

For further information concerning this matter, please call:

Natasha D. Perez, Esq. at 305 Area Code Daytime Telephoi

MAILING ADDRESS:

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

STREET ADDRESS:

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

Enclosed is a check for the following amount:

■ \$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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

It name unavailable, enter alternate na	ine adopted for the purpose of transacting business in	ii i torata, the alternate name must ulciude. Cimited Liai	bility Company," "L.C.C," or "L1,C,")
Maryland		_{3.} 45 - 2111217	
(Jurisdiction under the law of wh	ch foreign limited liability company is organized)	(FET nomb	er, if applicable)
L.			
	(Date first transacted business in Florida, if pric (See sections 605 0904 & 605,0905, F.S. to det	or to registration.) termine penalty liability)	
836 Bonifant Street		6 836 Bonifant Street	
(Street Address of Principal Office)		(Mailing Addr	ress)
Silver Spring, MD 20	910	Silver Spring, MD 20910)
			<u> </u>
. Name and street address	of Florida registered agent: (P.O. E	Box NOT acceptable)	17 P
Name:	Liana Salas-Lluch		
	CORC CIAI 44th China		PM 3: 45
Office Address:	6266 SW 14th Street		室 5
	West Miami	Florida 33144	77
aving been named as reg esignated in this applicati comply with the provisio	(City) Ance: istered agent and to accept service of on, I hereby accept the appointmen	Florida 33144 (Zipcode of process for the above stated limited it as registered agent and agree to act in our and complete performance of my description.)	Itability company at the placing this capacity. I further ag
laving been named as reg esignated in this applicati comply with the provisio	ichyl Ance: istered agent and to accept service of on, I hereby accept the appointment as of all statutes relative to the prop of my position as registered agent.	(Zip code of process for the above stated limited it as registered agent and agree to act i	liability company at the placing this capacity. I further ag
esignated in this applicati comply with the provision and accept the obligations	ince: istered agent and to accept service a on, I hereby accept the appointmen ns of all statutes relative to the prop of my position) as registared agent the income agent ity and address of the person(s) who	(Zip code of process for the above stated limited at as registered agent and agree to act in the per and complete performance of my don's signature) This signature) This has/have authority to manage is/are:	liability company at the plac in this capacity. I further ag luties, and I am familiar with
laving been named as reg esignated in this application comply with the provision accept the obligations. The name, title or capacity:	ity and address of the person(s) who	(Zip code of process for the above stated limited at as registered agent and agree to act in the performance of my dependence	liability company at the placing this capacity. I further ag
laving been named as reg esignated in this applicati o comply with the provision and accept the obligations of The name, title or capac	ince: istered agent and to accept service a on, I hereby accept the appointmen ns of all statutes relative to the prop of my position) as registared agent the income agent ity and address of the person(s) who	(Zip code of process for the above stated limited at as registered agent and agree to act in the per and complete performance of my don's signature) This signature) This has/have authority to manage is/are:	liability company at the plac in this capacity. I further ag luties, and I am familiar with
laving been named as regesignated in this application comply with the provision accept the obligations. The name, title or capacity:	istered agent and to accept service of on, I hereby accept the appointment as of all statutes relative to the proposition as registered agent. ity and address of the person(s) who Name and Address: Jay S. Marks	(Zip code of process for the above stated limited at as registered agent and agree to act in the per and complete performance of my don's signature) This signature) This has/have authority to manage is/are:	liability company at the plac in this capacity. I further ag luties, and I am familiar with
laving been named as regestignated in this application comply with the provision accept the obligations The name, title or capacity:	istered agent and to accept service of on, I hereby accept the appointment as of all statutes relative to the proposition as registered agent. ity and address of the person(s) who Name and Address: Jay S. Marks	(Zip code of process for the above stated limited at as registered agent and agree to act in the per and complete performance of my don's signature) This signature) This has/have authority to manage is/are:	liability company at the plac in this capacity. I further ag luties, and I am familiar with
laving been named as regesignated in this application comply with the provision accept the obligations. The name, title or capacity:	istered agent and to accept service of on, I hereby accept the appointment as of all statutes relative to the proposition as registered agent. ity and address of the person(s) who Name and Address: Jay S. Marks	(Zip code of process for the above stated limited at as registered agent and agree to act in the per and complete performance of my don's signature) This signature) This has/have authority to manage is/are:	liability company at the plac in this capacity. I further ag luties, and I am familiar with
laving been named as regestignated in this application comply with the provision accept the obligations The name, title or capacity:	istered agent and to accept service of on, I hereby accept the appointment as of all statutes relative to the proposition as registered agent. ity and address of the person(s) who Name and Address: Jay S. Marks	(Zip code of process for the above stated limited at as registered agent and agree to act in the per and complete performance of my don's signature) This signature) This has/have authority to manage is/are:	liability company at the plac in this capacity. I further ag luties, and I am familiar with
aving been named as regestignated in this application comply with the provision accept the obligations. The name, title or capacity: MGR	istered agent and to accept service of on, I hereby accept the appointment as of all statutes relative to the proposition) as registered agent, the parties of the person(s) who Name and Address: Jay S. Marks 836 Bondant Streat Salvar Spring, KIO 20910	(Zip code of process for the above stated limited at as registered agent and agree to act in the per and complete performance of my don's signature) This signature) This has/have authority to manage is/are:	liability company at the plac in this capacity. I further ag luties, and I am familiar with
Javing been named as regesting the provision of the provision of accept the obligations. The name, title or capacity: MGR Jse attachments if necessa	istered agent and to accept service a on, I hereby accept the appointment as of all statutes relative to the proposition) as registared agent the proposition as registared agent ity and address of the person(s) who Name and Address: Jay S. Marks 830 Bondard Streat Salvar Spring, MD 20910	(Zipcode of process for the above stated limited it as registered agent and agree to act is over and complete performance of my d onl's signature) is has/have authority to manage is/are: Title or Capacity:	liability company at the place in this capacity. I further agulaties, and I am familiar with Mame and Address:
laving been named as regestignated in this application comply with the provision of accept the obligations. The name, title or capacity: MGR Jse attachments if necessar	istered agent and to accept service of on, I hereby accept the appointment as of all statutes relative to the proposition as registered agent. ity and address of the person(s) who Name and Address: Jay S. Marks 536 Bondard Streat Salver Spring, MO 20910	(Zip code of process for the above stated limited at as registered agent and agree to act in the per and complete performance of my don's signature) This signature) This has/have authority to manage is/are:	liability company at the place in this capacity. I further aguates, and I am familiar with Mame and Address:
Javing been named as regestignated in this application comply with the provision of accept the obligations. The name, title or capacity: MGR Jse attachments if necessary acceptance of the control of	istered agent and to accept service of on, I hereby accept the appointment as of all statutes relative to the proposition as registered agent. ity and address of the person(s) who Name and Address: Jay S. Marks 536 Bondard Streat Salver Spring, MO 20910	(Zipcode of process for the above stated limited it as registered agent and agree to act is over and complete performance of my d onl's signature) it has/have authority to manage is/are: Title or Capacity:	liability company at the placin this capacity. I further agluties, and I am familiar with Mame and Address:
laving been named as regestignated in this application comply with the provision of accept the obligations. The name, title or capacity: MGR Attached is a certificate or risdiction under the law of	istered agent and to accept service of on. I hereby accept the appointment as of all statutes relative to the proposition) as registered agent ity and address of the person(s) who Name and Address: Jay S. Marks 506 Bondam Steel Sheet Spring, MO 20910 ry) f existence, no more than 90 days old which it is organized. (If the certific mitted)	(Zipcode of process for the above stated limited it as registered agent and agree to act is over and complete performance of my d onl's signature) it has/have authority to manage is/are: Title or Capacity:	liability company at the planin this capacity. I further aparties, and I am familiar with the sand Address: Name and Address:

STATE OF MARYLAND Department of Assessments and Taxation

I, MICHAEL L. HIGGS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HERBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO LIMITED LIABILITY COMPANIES, OR THE RIGHTS OF LIMITED LIABILITY COMPANIES TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT LAW OFFICES OF JAY S. MARKS, LLC (W14092324), REGISTERED MAY 02, 2011, IS A LIMITED LIABILITY COMPANY EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF MARYLAND, AND THAT THE LIMITED LIABILITY COMPANY IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING TO TRANSACT BUSINESS.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS MAY 30, 2017.

Acting Director



301 West Preston Street, Baltimore, Maryland 21201 Telephone Balto. Metro (410) 767-1340 / Outside Balto. Metro (888) 246-5941 MRS (Maryland Relay Service) (800) 735-2258 TT/Voice