

M18000007209

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

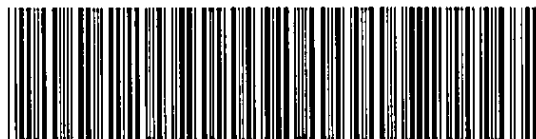
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W18-60630 CHO

Office Use Only



600315583686

07/10/18--01021--024 **125.00

FILED
18 JUL 31 PM 10:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
AUG - 6 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 20, 2018

ASAR HASON
ADRIANA SARASOTA RETAIL LLC
5137 W OQUENDO RD.
LAS VEGAS, NV 89118

SUBJECT: ADRIANA SARASOTA RETAIL LLC
Ref. Number: W18000066630

We have received your document for ADRIANA SARASOTA RETAIL LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

To ensure correct spelling, please print neatly on the document. This document is nearly illegible.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 218A00014967

RECEIVED
2018 JUL 31 PM 12:44
DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ADRIANA SARASOTA RETAIL 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:

Asyr. Herson
Name of Person

Adriana Sarasota Retail LLC
Firm/Company

5137 W Ocala Blvd
Address

Las Vegas NV 89118
City/State and Zip Code

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

For further information concerning this matter, please call:

Sharon Sharabi at (701) 632-CC02 Ext 3
Name of Contact Person Area Code Daytime Telephone Number

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 COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. ADRIANA SARASOTA RETAIL LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

ADRIANA SARASOTA RETAIL L.L.C.

(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. NEVADA

(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____

(FEI number, if applicable)

4. 07/2018

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

5. 5137 W OQUENDO RD

(Street Address of Principal Office)

LAS VEGAS NV 89118

6. 5137 W OQUENDO RD

(Mailing Address)

LAS VEGAS NV 89118

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

Name: ASAF HASON

Office Address: 3501 S TAMiami TRAIL # 1098 (105)

SARASOTA

(City)

, Florida 34239

(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.

(Signature)
(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:

MANGER

ASAF HASON

MANGER

AYELET RAVEH

5137 W OQUENDO RD
LAS VEGAS NV 89118

5137 W OQUENDO RD
LAS VEGAS NV 89118

MANGER

DROR MIDANY

5137 W OQUENDO RD
LAS VEGAS NV 89118

(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)

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)
Signature of an authorized person

ASAF HASON

Typed or printed name of signee

FILED
18 JUL 31 PM 10:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE



FILED
18 JUL 31 PM 10:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **ADRIANA SARASOTA RETAIL LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since June 21, 2018, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on July 30, 2018.

Barbara K. Cegavske

Barbara K. Cegavske
Secretary of State

Electronic Certificate
Certificate Number: C20180730-1439