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(Re	questor's Name)	-				
(Address)						
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(Cit	y/State/Zip/Phone	e #)				
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificates	s of Status				
Special Instructions to Filing Officer:						
W18-6663	35 cus					

Office Use Only



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K. SALY AUG - 6 2018



July 20, 2018

ASAF HASON ADRIANA SARASOTA LLC 5137 W OQUENDO RD LAS VEGAS, NV 89118

SUBJECT: ADRIANA SARASOTA LLC

Ref. Number: W18000066635

We have received your document for ADRIANA SARASOTA 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 proper spelling, please print neatly. 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: 818A00014967

COVER LETTER

	on Section of Corporations	s			
SUBJECT:	DRIAN	A SARAS Name of L	OTA 2	LLC ompany	
					sact Business in Florida," Certificate of company to transact business in Florida.
Please return all co	rrespondence co	oncerning this matter to the f	ollowing:		
<u>/</u>	ASQF	Hason	me of Person		
2	Adrign	a 597950+	m/Company	<u> </u>	
<u> </u>	5/37	Wogling	Address	<u> </u>	
<u>4</u>	<u> 195</u>	Vegas /	Me and Zip Code	59//	<u> </u>
_	gaire	Te-mail address: (to be used	for future annual	report notif	ication)
For further informa	tion concerning	this matter, please call:			
Shar	Name of	Contact Person	at (70) Area Code		h-0002 Ext 3 me Telephone Number
Division o Registration P.O. Box (Division of Registration Clifton But 2661 Exec	
Enclosed is a check \$125.00	for the following Filing Fee	ng amount: \$\Bigsirem\$\$ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Certified Copy	g Fee &	□ \$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:

COMPANI IO IRANSACI BO	MINESS IN THE STATE OF FLORIDA:				
1. ADRIANA SARASOT	A LLC Limited Liability Company; must include "Limited				
(Name of Foreign ADRIANA SARASOTA	* * *	Liability Cor	npany, L.L.C., or LLC. I		
	ame adopted for the purpose of transacting business in Flori	ida. The alternat	name must include "Limited Liabi	lity Company." "L.L.C." or "LLC.")	
2 NEVADA	and adopted the tax has been at the same and an arrange and arrange and arrange and arrange and arrange and arrange ar				
	hich foreign limited liability company is organized)	3	(FEI numbe	r, if applicable)	
4. 07/2018	(Date first transacted business in Florida, if prior to or	raietretion \	<u> </u>		
	(Date first transacted business in Florida, if prior to re (See sections 605,0904 & 605,0905, F.S. to determin	e penalty liabili	y)		
5. 5137 W OQUENDO		6. <u>513</u>	5137 W OQUENDO RD		
(Street Address of LAS VEGAS NV 891	-	1.69	(Mailing Address) LAS VEGAS NV 89118		
LAS VEGAS INV 691	10	<u> </u>	3 VEGAS IV 03110	- = = = = = = = = = = = = = = = = = = =	

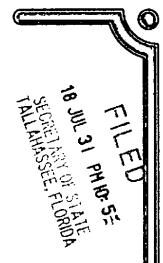
				100 P	
7. Name and street address	ss of Florida registered agent: (P.O. Box	NOT acce	ptable)	70.0	
Name:	ASAF HASON			3) PHIO: 57	
rame.				골문 기	
Office Address:	3501 S TAMIAMI TRAIL # 1098 (10)	5)		₽	
	SARASOTA		, Florida <u>34239</u>		
	(City)		(Zip code		
	ions of all statutes relative to the proper of sof my position as registered agent.	and comple	ete performance of my d	uties, and I am familiar with	
		, , , , 			
	(Registered agent 3	(Kurainte)			
8. The name, title or cap	acity and address of the person(s) who has	s∕have auth	ority to manage is/are:		
Title or Capacity:	Name and Address:	<u>Title (</u>	or Capacity:	Name and Address:	
MANGER	ASAF HASON	MAN	GER	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 neces	ssary)				
	of existence, no more than 90 days old, of which it is organized. (If the certificate ubmitted)				
	outed in accordance with section 605.0203 to the Department of State constitutes a thin				
		of an authorized			

Typed or printed name of signee

ASAF HASON

SECRETARY OF STATE





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 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. Cegarste

Barbara K. Cegavske Secretary of State

Electronic Certificate

Certificate Number: C20180730-1421