



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 10, 2023

CHARLY DAHAN
690 SW 1 COURT
STE 2101
MIAMI, FL 33130

SUBJECT: MAGALI BEAUVUE LLC
Ref. Number: W23000049847

RECEIVED
2023 APR 26 AM 9:54
DIVISION OF CORPORATIONS
FLORIDA

We have received your document for MAGALI BEAUVUE 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):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6053.

Yvette Scott
Supervisor

Letter Number: 223A00008083

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MAGALI BEAUVUE 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:

CHARLY DAHAN
Name of Person
MAGALY BEAUVUE LLC
Firm/Company
690 SW 1 COURT STE 2101
Address
MIAMI, FL 33130
City/State and Zip Code
info@imtaxadvisors.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ITCHEL H MANSOURI at (305) 631-6666
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

MAGALI BEAUVUE LLC
Charly Dahan
690 SW 1st Court, Suite 2101
Miami, FL 33130

April 24th, 2023

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Ref. Number W23000049847

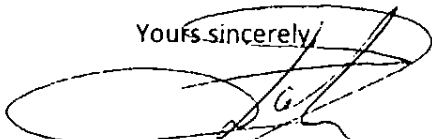
Subject: Magali Beauvue, LLC

Dear Sir or Madam,

We are responding to your letter dated April 10th, 2023. This letter is to advise you that the owners of **MAGALI BEAUVUE LLC** Document No. **L23000055666** are the same owners of the enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida". We dissolved the LLC on March 14th, 2023, and have no intent of reopening it. We release the name to be used in this new application.

Thank you for your attention to this matter.

Yours sincerely,

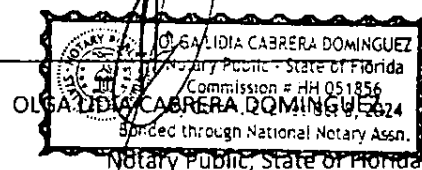


Charly Dahan

STATE OF FLORIDA

COUNTY OF MIAMI-DADE

BEFORE ME, the undersigned authority, on April 24, 2023, appeared CHARLY DAHAN, who is personally known to me, and acknowledged that he executed the foregoing instrument for the purposes expressed therein.



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

N/A

(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. 85-3043278 (FEI number, if applicable)

4. 01/30/2023 (Date first transacted business in Florida, if prior to registration) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 690 SW 1 COURT (Street Address of Principal Office)
SUITE 2101
MIAMI, FL 33130
6. 690 SW 1 COURT (Mailing Address)
SUITE 2101
MIAMI, FL 33130

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

Name: CHARLY DAHAN
Office Address: 690 SW 1ST COURT SUITE 2101
MIAMI, Florida 33130
(City) (Zip code)

2023 APR 26 AM 10:10
FILED

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.

[Handwritten signature]
(Registered agent's signature)

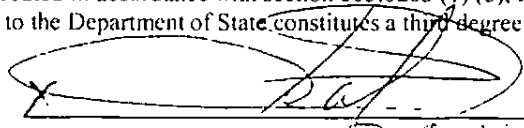
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>CHARLY DAHAN</u>	<input type="checkbox"/> Manager	Name: <u>MAGALI M BEAUVUE</u>
<input checked="" type="checkbox"/> Member	Address: <u>690 SW 1ST COURT</u>	<input checked="" type="checkbox"/> Member	Address: <u>690 SW 1ST COURT</u>
<input type="checkbox"/> Authorized	<u>SUITE 2101</u>	<input type="checkbox"/> Authorized	<u>SUITE 2101</u>
Person	<u>MIAMI, FL 33130</u>	Person	<u>MIAMI, FL 33130</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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

CHARLY DAHAN

 Typed or printed name of signee

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected 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 following is a list of all organizational documents on file in this office for magali beauvue llc

Table with 2 columns: Organizational Documents on File, Filing Date

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, magali beauvue llc, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 11/15/2022, 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 04/26/2023

FVAguilar



Certificate Number: B202304263602625 You may verify this certificate online at http://www.nv.sos.gov

FRANCISCO V. AGUILAR Secretary of State