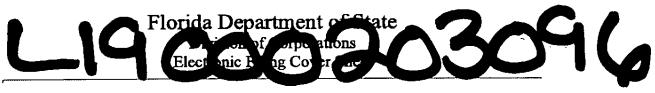
To: 18506176381 From: 14693173436 Date: 08/14/19 Time: 12:49 PM Page: 01/03



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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : I20180000011 Phone : (844)386-0178 Fax Number : (214)317-4754

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:	

## FLORIDA LIMITED LIABILITY CO. SANTA ELENA DEVELOPMENT GROUP, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

SECRETARY (	2019 AUG 14	
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	SANTA EI	ENA DEVEI	OPMENT GR	OUP, LLC	
(Must contain				L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street addre	ess of the princi	mal office of t	he Limited Lie	bility Company is:	
inc manage appropriate succession.	or all prince	.pu. 011100 01 1		yy	
Principal (	Office Address	:		Mailing Address:	
777 NW 72 AVENUE			777 NW	72 AVENUE	
SUITE 1075			SUITE I	075	
MIAMI, FL 33126			MIAMI,	, FL 33126	
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aving been named as registered age ace designated in this certificate, I h orther agree to comply with the provi	VH F  175 FONTAL  Plorida street a  MIAMI  City  ent and to accept the street of all states	Name NEBLEAU Bi ddress (P.O. E  St  service of pro e appointment dates relating to	LVD 1R13  Sox NOT acceptance  ate  cess for the abect as registered at the proper and	otable)  33172  Zip  ove stated limited liability co gent and agree to act in this if complete performance of m	capacity. I y duties, ar
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FILED
2019 AUG 14 AM 10: 46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AMBR" = Authorized Member MGR" = Manager	Name and Address:
MBR- SEC	NELSON R. GUERRA CHINCHILLA
	777 NW 72 AVE NO 1075
	MIAMI, FL 33126
•	
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	of filing: <u>AUGUST 1, 2019</u> (OPTIONAL) cific and cannot be more than five business days prior to or 90
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\$ 5.00 Certificate of Status (Optional)

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