1112000005124

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
4		

· Office Use Only



800239344438

09/11/12--01008--026 **160.00



T. C. TANINER

September 4, 2012

To: The Florida Department of State Division of Corporations Registration Section P.O. Box 6327 Tallahassee, Fl. 32314

From: 1235 West Avenue LLC
Miguel Fernandez
4812 Pine Tree Drive #303
Miami Beach, Florida 33140

RE: Registration of an Illinois LLC in the State of Florida

Included you will find the forms as required by the State of Florida to register our LLC from Illinois. Our corporation 1235 West Avenue LLC was formed on October 11, 2011 in the State of Illinois.

The office of the Secretary of the State of Illinois does not provide an original certificate as you are requesting in your form of the application line item #10. The office only provides all certificates on the internet and they are dated at the time which the LLC was formed. Therefore it is impossible for us to provide to you an original certificate no more than 90 days old as requested.

Included you will find the copy of our certificate. Please help us with this matter so that we may be able to register our LLC here in the state of Florida as soon as possible. This registration is of outmost importance to us because we need to provide such registration in Florida in order to obtain our building tax receipt and the licenses required by the City of Miami Beach.

We sincerely thank you and please contact us at 786 663 2548 or via e-mail <u>miguel@1ddstudio.com</u> to expedite this process.

Again thank you,

Miguel Fernandez

Vice President for 1235 West Avenue LLC

COVER LETTER

	Division of Corporations
SUBJEC	CT: 1235 WEST AVENUE LLC
	Name of Limited Liability Company
	losed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of the ce, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.
Please re	eturn all correspondence concerning this matter to the following:
	MIGUEL FERNANDEZ Name of Person
	Firm/Company
	4812 PINE TREE DRIVE #303
	MIAMI BEACH FI. 33140 City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For furth	ner information concerning this matter, please call:
	MIGUEL FERNANDEZ at 786 663.2548 Name of 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
	ed is a check for the following amount: \$125.00 Filing Fee \$\text{S130.00 Filing Fee & Certificate of Status}\$ \[\begin{array}{c} \text{S155.00 Filing Fee & Certificate of Status} \end{array} \text{S160.00 Filing Fee, Certificate of Status} \end{array}

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608,503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1. 1235 WEST AYENDE LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.")
2. CHIGAGO TIINOIS (Jurisdiction under the law of which foreign limited liability company is organized) 3. (FEI number, if applicable)
4. October 17 2011 (Date of Organization) 5. PER PETUAL (Duration: Year limited liability company will cease to exist or "perpetual")
6. NOVENBER 4, 201 (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 4812 PINE TREE DRIVE # 303
MIAMI BEACH FL. 33140 (Street Address of Principal Office)
8. If limited liability company is a manager-managed company, check here
9. The name and usual business addresses of the managing members or managers are as follows:
DIANE GOLDIN 9 ISLAND AVE. PH#3. MIAMI B. Fl. 3313
MIGUEL FERNANDEZ 4812 PINE TREE DRIVE #303 MIDMI BEACH FL. 33140
MIDMI BEACH FL. 33140
10. Attached is an original 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. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida:
PURCHASE OF REAL ESTATE
Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the
penalties of perjury that the facts stated herein are true. 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.)

MIGUEL FERNANDEZ

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:
1235 WEST AYENUE LLC
If unavailable, the alternate to be used in the state of Florida is:
2. The name and the Florida street address of the registered agent and office are:
MIGUEL FERNANDEZ
(Name)
4812 PINE TREE DRIVE#303
Florida Street Address (P.O. Box NOT ACCEPTABLE)

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the

City/State/Zip

S 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

File Number

0371899-9



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

1235 WEST AVENUE, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON OCTOBER 17, 2011, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



Authentication #: 1224902018

Authenticate at: http://www.cyberdriveillinois.com

In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 5TH

day of SEPTEMBER A.D. 20

Desse White

SECRETARY OF STATE