M1300003148

(Requestor's Name)
(Address)
(Address)
, ,
(City/State/Zip/Phone #)
(Otty/Otato/Zip/i Holio #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
<u></u>
Special Instructions to Filing Officer:

Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

May 14, 2013

MICHAEL LEWITT 6024 LE LAC RD BOCA RATON, FL 33496

SUBJECT: MAAST-HEAD, LLC Ref. Number: W13000028218

We have received your document for MAAST-HEAD, 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 entity's date of incorporation/organization must be listed in the document.

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) 245-6051.

Tammi Cline Regulatory Specialist II

Letter Number: 313A00012019

CR2E027 (9/10)	COV	ER LETTER		
TO: Registration Section Division of Corporation	ens			
SUBJECT: Ma	Name of Lin			
<u> </u>	Name of Lin	ited Liability Company		
The enclosed "Application by F Existence, and check are submi				
Please return all correspondence	e concerning this matter to the	following:		
		. 4		
	Michael Le	w.H		_
	Na	ime of Person		
	Maast - Head,	610		
	<u> Maast – Head,</u> Fi	rm/Company		_
			12 (2)	
THE PARTY OF THE P	6024 le Lac	Rd		
		Address	53	
	Boca Ration, Fo	33496	(1) (2) (1) (2) (1) (2)	- []
	City/Si	ate and Zip Code	1.3\ E 0.27	M D: 07
				0: 0
M	E-mail address: (to be used	for future annual report not	(figation)	
		Tor rutuse amiliar report nou	meanon)	
For further information concern	ing this matter, please call:			
Michael	- A - 1 - 4	· (-// 239	7-/+/0	
Michael L Nam	e of Person Area	at (<u>5-6/</u>) 23°	e Number	_
MAILING ADDRES		ET ADDRESS:		
Division of Corporation		n of Corporations		
Registration Section	Registr	ation Section		
P.O. Box 6327		Building		
Tallahassee, FL 32314		xecutive Center Circle ssee, FL 32301		
Enclosed is a check for the				
Enclosed is a check for the \$125.00 Filing Fee	□ \$130.00 Filing Fee &	☐ \$155.00 Filing Fee &	□ \$160.00 Filing Fee,	Certificate
_	Certificate of Status	Certified Copy	of Status & Certifie	

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:

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	
1. Maast - Head, 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 consent of the managers or managing members adopting the alternate name. The alternate name must Company," "L.L.C," "LLC.")	t include "Limited Liability
2. (Jurisdiction under the law of which foreign limited liability company is organized) 3. (FEI number, if ap	plicable)
$C \sim C \sim C$	
4. Date of Organization) 5. Desperal (Duration: Year limited liability exist or "perpetual")	y company will cease to
6. (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	ALL ARE MA
7. Boca Raton FL 33486 (Street Address of Principal Office)	SST 7
8. If limited liability company is a manager-managed company, check here	15
9. The name and usual business addresses of the managing members or managers a Harcie J Engel	re as follows:
Marcie J Engel 6024 Le lac Kd	
Boen Ration, FC 33486	
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the original certificate of which it is organized. (A photocopy is not acceptable. If the certificate translation of the certificate under oath of the translator must be submitted.)	is in a foreign language, a
11. Nature of business or purposes to be conducted or promoted in Florida:	vestments
Inher Elea. IT	
Signature of a member or an authorized representative of a n (In accordance with section 608.408(3), F.S., the execution of this document constitutes an a	
penalties of perjury that the facts stated herein are true. I am aware that any false inform document to the Department of State constitutes a third degree felony as provided:	ation submitted in a

Michael E Lewitt

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:	,
	Maast-Head, ClC	
If unavailable, th	e alternate to be used in the state of Florida is:	
2. The name and	I the Florida street address of the registered agent and office are:	
2. The name and		
	Michael Lewitt (Name)	
	6024 Le Lee Rd	2013 MAY 17 SEONE JARY
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Boen Raba FL 33496	# 574 E
	City/State/Zip	07

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 obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "MAAST-NEAD, LLC" IS DULY FORMED
UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING
AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE
SHOW, AS OF THE SEVENTEENTH DAY OF NAY, A.D. 2013.

4550514 8300

130589314

Jeffrey W. Bullock, Secretary of State
AUTHENT CATION: 0440715

DATE: 05-17-13

You may verify this certificate online at corp.delaware.gov/authver.shtml