Dissin of Corporations Electronic Filing Cover Sheet

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Javari	To: Division of Corporations Fax Number : (850)617-6383
CETVED 28 PH 2: 55 APVENDATE STATE SSENDATE S	Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5368 he email address for this business entity to be used for future tal report mailings. Enter only one email address please.**

Foreign Limited Liability Company M.R. WEST SN, LLC

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J. SAULSBERRY EXAMINER

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AUG 29 2013

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CR28027 (9/10)		COVE	CR LETTER			
	tion Section of Corporations					
M.I SUBJECT:	R. West SN, LLC					
		Name of Limi	ted Liability Company			
The enclosed "A Existence, and ch	pplication by Forcig seck are submitted to	n Limited Liability Comp o register the above refere	any for Authorization to Tra- need foreign limited liability	nsact Business in Florida," company to transact busin	Certificate cas in Plor	e of rida
Please return all	correspondence con	cerning this matter to the	following:			
	Nick Simeonidis					
		Na	me of Person			
	M.R. West SN, LL	С				
		Fir	m/Company		• •	
	80 Cuttermill Road	l, 5th Floor			2013 AUS	
			Address	•	SU≜	';
	Great Neck, NY 1	1021			28	
		City/St	ate and Zip Code	11,-1	T	į
	nsimeonidis@firstq				 . co	•44
•	E	-mail address: (to be used	for future annual report noti	fication)	င္မ်ာ	
For further infor	mation concerning t	his matter, please call:		,"**		
Nick S	imeonidis		516 498-36	70 ,		
	Name of	Person Area	Code & Daytime Telephone	Number	•	
Divisio Registr P.O. B	ING ADDRESS: on of Corporations ration Section ox 6327 ussee, FL 32314	Divisio Registr Clifton 2661 E	TADDRESS: n of Corporations stion Section Building xccutive Center Circle ssee, FL 32301			
	check for the fol 5.00 Filing Fec	llowing amount: 3 \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filing Fee & Certified Copy	C) \$160.00 Filing Fee, C of Slatus & Certified		

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 BUSIN	ESS IN THE	STATE OF FLORIDA:		
i. M.R. West SN, LLC (Name of Foreign Limited Liability Company;	must includ	e "Limited Liability Company," "L.L.C	" or "LLC.")	
(If name unavailable, enter alternate name adopted for consent of the managers or managing members adopted Company," "L.L.C," "LLC.")	the purpose ng the altent	of transacting business in Florida and ate name. The alternate name must inc	stisch a copy of lude "Limited L	the written lability
2 Dolaware	3	Applied for		
(Jurisdiction under the law of which foreign limited company is organized)	Hability ".	(FEI number, if applica	ible)	
4. August 27, 2013	5.	perpetual		
(Date of Organization)	-	(Duration: Year limited liability cor exist or "perpetual")	пралу will cease	:10
6. upon qualification			<u> بر ت</u> ت	<u> </u>
(Date first transacted busi (See sections 608.50) & 60	ness in Flor 08.502 F.S.	ida, if prior to registration.) o determine penalty liability)		SINV.
7. 80 Cuttermill Road, Suite 500				S 2
Great Neck, New York 11021			19.00 19.00	ω· ·
(Street	el Address o	f Principal Office)	رن پر	
8. If limited liability company is a manager-	managed c	ompany, check here 🔀		ထ္
9. The name and usual business addresses of	the mana	ging members or managers are a	s follows:	_
Nader Damaghi, 80 Cuttermill Road, Suite 500, C	Great Neck,	New York 11021		
Kambiz Damaghi, 80 Cuttermill Road, Suite 500,	, Great Neci	, New York 11021		
Babak Damaghi, 80 Cuttermill Road, Suite 500, 0	Great Neck,	New York 11021		
10. Attached is an original certificate of existence, no mothe jurisdiction under the law of which it is organized. (a translation of the certificate under oath of the translator n	A photocopy must be subn	vis not acceptable. If the certificate is in nitted.)		
11. Nature of business or purposes to be con-	•	·		
Engaging in any lawful business, purpose or activi	ly for which	- 6LCs many be formed		·
	26	<u>م</u> ــــــــــــــــــــــــــــــــــــ		
		nonized representative of a memb		
	creix are true.	ion of this document constitutes an affirma , I am aware that any faise information , third degree felony as provided for in	submitted in a	I
Nicholas W. Simeonidis, C				
Typed o	or printed i	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.

mavailable,	, the alternate to be use	ed in the state of Florida is:	
			<u> </u>
he name	and the Florida street a	address of the registered agent and office are	
		C T Corporation System	
		(Name)	
		1200 South Pine Island Road	二 の 元 学 記
	Florida S	Street Address (P.O. Box NOT ACCEPTABLE)	Şa
	Plantation	FL 33324	
		City/State/Zip	
lity compostered ago ites relative pt the obj	any at the place design ent and agree to act in t ng to the proper and co	City/State/Zip gent and to accept service of process for the al nated in this certificate, I hereby accept the ap this capacity. I further agree to comply with a complete performance of my duties, and I am for as registered agent as provided for in Chapt	pointment as the provisions c amiliar with an
ility comp istered ago utes relati	any at the place design int and agree to act in t ing to the proper and co igations of my position	ent and to accept service of process for the al nated in this certificate, I hereby accept the ap this capacity. I further agree to comply with to complete performance of my duties, and I am fi	pointment as the provisions c amiliar with an
lity comp stered ago stes relation pt the obj	any at the place design int and agree to act in t ing to the proper and co igations of my position	gent and to accept service of process for the acted in this certificate, I hereby accept the apthis capacity. I further agree to comply with complete performance of my duties, and I am for as registered agent as provided for in Chapter procession System	pointment as the provisions c amiliar with an
lity compostered ago tes relations the obj	any at the place design int and agree to act in t ing to the proper and co igations of my position CT Co By: Lathur 1	ent and to accept service of process for the al nated in this certificate, I hereby accept the ap this capacity. I further agree to comply with to complete performance of my duties, and I am fi t as registered agent as provided for in Chapt	pointment as the provisions c amiliar with an
lity comp stered ago stes relation pt the obj	any at the place design ant and agree to act in the ng to the proper and co- igations of my position CTCo By: Lathur A. Wi	gent and to accept service of process for the almated in this certificate, I hereby accept the apthis capacity. I further agree to comply with complete performance of my duties, and I am for as registered agent as provided for in Chapter agent as provided for in Chapter agent.	pointment as the provisions c amiliar with an

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

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "M.R. WEST SN, 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 TWENTY-EIGHTH DAY OF AUGUST, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

Jaifrey W. Bullock, Secretary of TION: 0695305

DATE: 08-28-13