# Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000080461 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

# FORE:

Account Name : ROSILLO & ASSOCIATES, P.A.

Account Number: 119990000127 Phone : (305) 477-5671

: (305) 477-2640 Fax Number

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

Email Address:\_

## Foreign Limited Liability Company Arrive by Twenty-Five, LLC

Certificate of Status	O CONTRACTOR CONTRACTO
Certified Copy	1
Page Count	03
Fstimated Charge	\$155.00

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

IN COMPLIANCE WITH SECTION 603.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

ARRIVE BY TWENTY-FIVE, LLC

(Name of Foreign Limited Liability Company, must include "Lipited Liability Company," "L.E.C.," or "LLC")

(If name analystische, enter afternate assessed for the purpose of trainsacting business in Florida. The attenuate name must include Limites Liability Company. "LLC" or "LLC")

DELAWARE

26-2139153

(FhI onrobor, if applicable)

(Durisdiction under the law of which foreign farmed liability company is organized)

FERRITARY 1 2014

(Date fifth transacted business in Ploritie, if prior to registration.)

4747 Collins Avenue #1111, Miami Beach FI 33140

(Street Address of Paintings) Office

4747 Collins Avenue #1111, Miami Beach, Fl 33140

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are

Nicklas C. Sarnicola, Managing Member

233 N. Coconut Lane, Miami Beach, Fl 33139

8. 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).

Signature of en authorized person

(in accordance with action 605.0703, F.S., the executive of this document constitutes so efficient under the penalties of periory that has been small localities and a second of the information individual in a document to the Department of State constitutes a third degree below as provided for in a \$17.55.75 at 2.

Nicklas C. Sarnicola

Typod or printed name of signee

(((H14000080461::3))

DIARCHIES 30 NOISIAIG

(((H14000080461 3))

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

	he Limited Liability (	Company is: Y-FIVE, LLC	
If unavailable, th	e alternate to be used	in the state of Florida is:	
2. The name and	the Florida street add	dress of the registered agent and office are:	<u> </u>
	Francisco R	Rosillo, CPA	SECRE VISION
-		(Name)	2 Zm
•	7950 NW 5	3rd St Suite 233	9 6000
-	Florida Stro	et Address (P.O. Box NOT ACCEPTABLE)	AMIL:
1	Doral	FL. 33166	: 17
•	······································	City/State/Zin	347

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 605, Florida Statutes.

(Signature)

\$ 100.00
\$ 25.00
\$ 25.00
\$ 30.00
\$ 5.00
Certified Copy (optional)
\$ Certificate of Status (optional)

(((H14000080461 3))

# Delaware

PAGE . 1

### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THAT "ARRIVE BY TWENTY-FIVE, LLC" IS
DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN
GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN
CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW
AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS RAVE BEEN FILED:

CERTIFICATE OF FORMATION, FILED THE SIXTH DAY OF MARCH, A.D. 2008, AT 6:45 O'CLOCK P.M.

CERTIFICATE OF REVIVAL, FILED THE TWENTY-SEVENTH DAY OF SEPTEMBER, A.D. 2013, AT 8 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE

AFORESAID LIMITED LIABILITY COMPANY, "ARRIVE BY TWENTY-FIVE,

LLC".

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

4515321 8310

140303548

You may varify this certificate online at corp.delevers.gov/authver.shtml

Jeffrey W. Bullock, Secretary of State

AUTHENTICATION: 1227220

DATE: 03-21-14