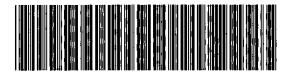
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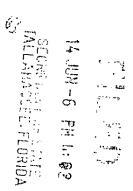
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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05/22/14--01026--003 **125.00





May 30, 2014

MICHAEL WEISSER 20155 NE 38 CT SUITE 201 AVENTURA, FL 33180

1. 1.

SUBJECT: 6666 STAPLETON DRIVE, LLC

Ref. Number: W14000033706

We have received your document for 6666 STAPLETON DRIVE, 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):

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document.

Please return the corrected original and one copy of 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.

Letter Number: 514A00011665

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

www.sunbiz.org

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: 6666 STAPLETON DRIVE, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this	matter to the	following:			
Michael H. We	eisser				
	Na	me of Person			
	Fii	m/Company	.	· · · · · · · · · · · · · · · · · · ·	
20155 NE 38	Court,	Suite 20	1		
		Address			
Aventura, FL	33180				
	City/St	ate and Zip Code			
mhwmike@gm					
E-mail addr	ess: (to be used	for future annual rep	ort notificat	ion)	
For further information concerning this matter, p	lease call:				
Michael Weisser		_{at} 305	69-9	9110	
Name of Contact Person	n	Area Code	Dayı	ime Telephone Number	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	Division Registra Clifton 1 2661 Ex	T ADDRESS: n of Corporations ation Section Building secutive Center Circ see, FL 32301	cle		
Enclosed is a check for the following am \$\$\\$125.00\$ Filing Fee \$\Bigsim \$130.00\$ F Certificate	iling Fee &	□ \$155.00 Filing Certified Cop		□ \$160.00 Filing Fee, Certification of Status & Certified Copy	ite

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name	ne must ir	clude "	Limited
Liability Company," "L.L.C," or "LLC.")			
2. Colorado 3. 46-5277640			
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicate	ne)		
4.			
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)			
_{5.} 20155 NE 38 Court, Suite 201			
Aventura, FL 33180			
(Street Address of Principal Office)			
6. 20155 NE 38 Court, Suite 201			
Aventura, FL 33180			
(Mailing Address)			
7. The name, title or capacity and address of the person(s) who has/have authority to ma	hage is/	are:	
Michael H Meigear	" A	.F.	
THE PAIN			
20155 NE 38 Court, Suite 201	1 - T (7)	ſ	1 45.18
Aventura, Fl 33180		~ . ~ .	s Stringer
	I = (.1.	THE THE
8. Attached is an original certificate of existence, no more than 90 days old, duly authenti-	cated b	∵r. vthoed	officiál
having custody of records in the jurisdiction under the law of which it is organized. (A ph	1 3 77	10.71	
acceptable. If the certificate is in a foreign language, a translation of the certificate under	oath of	the tra	anslator
must be submitted)			
	-		
Signature of an authorized person In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury the	not thu for	n atatad l	arala are 4-
in accordance with section 605,0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury to Im aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided			

Typed or printed name of signee

Michael H. Weisser

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.

l.	The	name	of the	Limited	Liability	Company	is:
					_		

6666 STAPLETON DRIVE, 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:

Michael H. Weisser

Name

20155 NE 38 Court, Suite 201

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Aventura

_{E1} 33180

City/State/Zip

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.

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE

I, Scott Gessler, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office.

6666 Stapleton Drive, LLC

is a **Limited Liability Company** formed or registered on 04/02/2014 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20141220630.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 05/16/2014 that have been posted, and by documents delivered to this office electronically through 05/19/2014 @ 12:31:29.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Denver, Colorado on 05/19/2014 @ 12:31:29 pursuant to and in accordance with applicable law. This certificate is assigned Confirmation Number 8853323.



LLAHASSETTFLORIDA

LLAHASSETTFLORIDA

Secretary of State of the State of Colorado

***************End of Certificate******

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Certificate Confirmation Page of the Secretary of State's Web site. http://www.sos.state.co.us/bic/CertificateSearchCriteria.do entering the certificate is confirmation number displayed on the certificate, and following the instructions displayed. http://www.sos.state.co.us/click Business Center and select "Frequently Asked Questions."