

M14000004326

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

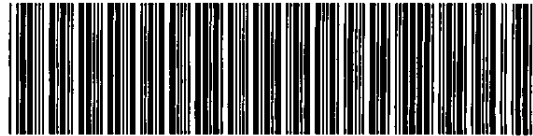
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/28/14--01006--026 **125.00

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14 JUN 18 PM 4:45
CLERK OF COURT
MILWAUKEE, FLORIDA

W14-
34618

1000 JUN 19 2014

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **NUVERSE OFFSHORE ADVISORS 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:

ELIAS SAAL

Name of Person

NUVERSE OFFSHORE ADVISORS LLC

Firm/Company

19495 BISCAYNE BLVD - STE 400

Address

AVENTURA, FL 33180

City/State and Zip Code

ddudai@nuverse.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID DUDAI

Name of Contact Person

305

at (Area Code)

932-6010

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Cilton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed ~~is~~ a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 4, 2014

ELIAS SAAL
19495 BISCAYNE BLVD STE 400
AVENTURA, FL 33180

SUBJECT: NUVERSE OFFSHORE ADVISORS LLC
Ref. Number: W14000034618

We have received your document for NUVERSE OFFSHORE ADVISORS 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 title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

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.

Tim Burch
Regulatory Specialist II

Letter Number: 214A00012007

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

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

1. NUVERSE OFFSHORE ADVISORS LLC

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

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "L.L.C.")

2. DELAWARE

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 03-0428721

(FEI number, if applicable)

4. 05-27-2014

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. ONE TURNBERRY PLAZA

19495 BISCAYNE BLVD-STE 400-AVENTURA, FL 33180

(Street Address of Principal Office)

6. SAME AS ABOVE

(Mailing Address)

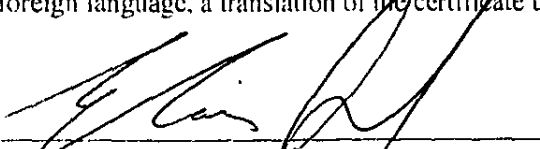
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

DOV C SCHLEIN-1110 COVE RD-MAMARONECK, NY 10543, MANAGER

ELIAS SAAL-1230 SEAGULL TERRACE-HOLLYWOOD, FL 33019, MANAGER

STEPHEN J SAALI-21 EAST 87ST-NEW YORK, NY 10128, MANAGER

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 an authorized person

(In accordance with section 605.0203, 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.)

ELIAS SAAL

Typed or printed name of signee

**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.

1. The name of the Limited Liability Company is:

NUVERSE OFFSHORE ADVISORS 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:

DAVID DUDAI

(Name)

19495 BISCAYNE BLVD-STE 400

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

AVENTURA

FL 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.

(Signature)

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

FILED
14 JUN 18 PM 4:45
TALLAHASSEE, FLORIDA

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NUVERSE OFFSHORE ADVISORS 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 FOURTEENTH DAY OF MAY, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NUVERSE OFFSHORE ADVISORS LLC" WAS FORMED ON THE FOURTEENTH DAY OF MARCH, A.D. 2002.

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


FILED
14 JUN 18 PM 6:45
DELAWARE SECRETARY OF STATE
DELAWARE

3502677 8300

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




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 1372293

DATE: 05-14-14