

#11400006883

Electronically

Fax: (305) 395-2947

To:

Fax: +1 (305) 617-6383

Page 1

6/23/2014 12:00

Division of Corporations

Florida Department of State

Division of Corporations

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.

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : DOROT & BENSIMON
Account Number : I20140000091
Phone : (305)921-9421
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: info@dbrotbensimon.com

**Foreign Limited Liability Company
AMBA ESTATES PALMETTO FL, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	0305
Estimated Charge	\$130.00

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September 23, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

DOROT & BENSIMON

SUBJECT: AMBA ESTATES PALMETTO FL, LLC
REF: W14000058196

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document must contain the name, title, and business address of each managing member or manager.

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.

Agnes Lunt
Regulatory Specialist II

FAX Aud. #: H14000221800
Letter Number: 514A00020359

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H140002218003

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AMBA ESTATES PALMETTO FL, 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:

Daniel Bensimon

Name of Person

Dorot & Bensimon PL

Firm/Company

2775 Sunny Isles Blvd, Suite 118

Address

North Miami Beach, FL 33160

City/State and Zip Code

info@dorotbensimon.com

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

For further information concerning this matter, please call:

Daniel Bensimon

Name of Contact Person

at (305)

Area Code

921-9421

Daytime Telephone Number

MAILING ADDRESS:

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

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton 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

H140002218003

**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. AMBA ESTATES PALMETTO FL, 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. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. DELAWARE

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

3. 32-0437603

(FEI number, if applicable)

4. N/A

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

5. 30 COMPASS ISLE

FORT LAUDERDALE, FL 33308

(Street Address of Principal Office)

6. 30 COMPASS ISLE

FORT LAUDERDALE, FL 33308

(Mailing Address)

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

BHARAT GUPTA, General Partner of AMBA LIMITED PARTNERSHIP, MANAGER

30 COMPASS ISLE

FORT LAUDERDALE, FL 33308

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)

Bharat Gupta

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.)

BHARAT GUPTA

Typed or printed name of signee

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CLERK OF STATE
TALLAHASSEE, FLORIDA

H140002218003

**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:

AMBA ESTATES PALMETTO FL, 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:

BHARAT GUPTA

(Name)

30 COMPASS ISLE

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

FORT LAUDERDALE, FL 33308

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.

Bharat Gupta

(Signature)

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

H140002218003

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AMBA ESTATES PALMETTO FL, 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 TWELFTH DAY OF SEPTEMBER, A.D. 2014.

5593834 8300

141173616

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




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 1694410

DATE: 09-12-14