M14000007036

(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:
Juan Montans
CORRECT OFFICE THES
10/1//4

Office Use Only



000264159760

09/24/14--01011--026 **155.00

FILED 14 SEP 24 MID: 00

10/1/19

COVER LETTER

	ition Section 1 of Corporation	s						
SUBJECT:	415	ND	LLC					
			Name of Lin	nited Liability Co	mpany			
The enclosed "A Existence, and ch								
Please return all	correspondence	concerning t	his matter to the	following:				
	<u> </u>	AN	MONT		/ WEX	201	Quin	poles
			N	ame of Person				
	415	5 ND	LLC	_				
			Fi	rm/Company				
	371	01 F	EBBLE	E B ROOK	MAN	OR_		
				Address				
	<u> coc</u>	000	t CREE	EK F tate and Zip Cod	L 3.	3073)	
-	+ 1	R CLN CC E-mail add	ress: (to be used	I for future annu	al report noti	fication)	COPPI	-
For further inform				(954	1937	295	76	
	SU DN Name	MOいも of Person	Are	at (<u>95</u> 4 a Code & Daytir	ne Telephone	1985 Number	245	-
	<u>MAII</u> Divisi Regisi P.O. E	ING ADDI on of Corpo ration Section Sox 6327 assee, FL 32	RESS: rations on	<u>STRI</u> Divis Regis Clifto 2661	EET ADDRE ion of Corpor stration Section on Building Executive Ce hassee, FL 32	ESS: rations on enter Circle		
Enclosed is a €	check for the .00 Filing Fee	□ \$130.00	amount:) Filing Fee & cate of Status	\$155.00 Fi			0 Filing Fee, C tus & Certified	

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

	COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOR MITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1.	(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
	(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
	name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the was need to the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability"
	mpany," "L.L.C," "LIC.")
2.	Delaware 2 90-0949180
2.	(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)
	company is organized)
4.	(Date first transacted business in Florida, if prior to registration.)
	(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5.	
٠.	27(1) 211 121 mod 11 = 122 A = 1 0 and Floor
	3761 Pebblebrook MANOR Co const Creek, F1330
6.	
	CO CONUT CREEK, FL 33073 (Mailing Address)
	(Mailing Address)
7	The name title or capacity and address of the person(s) who has/have authority to manage is/argo
٠.	The name, title or capacity and address of the person(s) who has/have authority to manage is/arez
	JUAN MONTANA, WENDY QUINONEZ 3 2 ;
	3761 PEBBLEBROOK HANDR SET
	WWWU+ CLEEK, FL 33073
	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of reco the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a
	nslation of the certificate under oath of the translator must be submitted.)
	Murden West went freeze
	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.)
	Muching all 1/1 WENDY QUINOUEZ
	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:
415 ND 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:
JUAN MONTANA
(Name)
3761 Pebblebrook MANOR Florida Street Address (P.O. Box NOT ACCEPTABLE)
COCONUT CREEK FL 33073

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)

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "415 ND 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-SECOND DAY OF SEPTEMBER, A.D. 2014.

14 SEP 24 AM 10: 00

5300925 8300

141205845

AUTHENTY CATION: 1717824

DATE: 09-22-14

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