# M14000008764

| (Requestor's Name)                      |           |
|-----------------------------------------|-----------|
| (Address)                               |           |
| (Address)                               | 00026713  |
| (City/State/Zip/Phone #)                |           |
| PICK-UP WAIT MAIL                       | 12/05/14- |
| (Business Entity Name)                  |           |
| (Document Number)                       |           |
| Certified Copies Certificates of Status |           |
| Special Instructions to Filing Officer: |           |
|                                         |           |
|                                         |           |
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T. Burch DEC 9.2814



December 4, 2014

#### **VIA FEDERAL EXPRESS**

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

> Re: Application by Foreign Limited Liability Company for Authorization to

Transact Business in Florida

Foreign Entity Name: Mikeone EK Maitland Summit, LLC, a Delaware

limited liability company

Dear Sir or Madam:

Enclosed is Kurkin Brandes LLP Check No. 5057 in the amount of One Hundred Sixty and No/100th Dollars (\$160.00). This check represents the filing of the enclosed application of the foreign entity to transact business in Florida, and the certificate of good standing and certified articles that we will require upon filing. Also enclosed is the State of Delaware Certificate of Status for the above-referenced company.

Please file the attached application and return the requested copies in the return Fedex envelope.

IF FOR ANY REASON YOU ARE UNABLE TO FILE THIS DOCUMENT, PLEASE CONTACT ME AT (305) 929-8503.

Sincerely,

KURKIN BRANDES LLP

Stacy San iago,

Legal Assistant

Enclosures

#### **COVER LETTER**

TO: **Registration Section Division of Corporations** 

Mikeone EK Maitland Summit, 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 matt                                              | er to the following:                                                                                                            |                          |
|----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| Alex Kurkin                                                                                        |                                                                                                                                 |                          |
|                                                                                                    | Name of Person                                                                                                                  |                          |
| Kurkin Brandes                                                                                     | LLP                                                                                                                             |                          |
|                                                                                                    | Firm/Company                                                                                                                    |                          |
| 18851 NE 29th A                                                                                    | Avenue, Suite                                                                                                                   | e 303                    |
|                                                                                                    | Address                                                                                                                         |                          |
| Aventura, FL 33                                                                                    | 180                                                                                                                             |                          |
|                                                                                                    | City/State and Zip Code                                                                                                         |                          |
| akurkin@kb-atto                                                                                    | rneys.com                                                                                                                       |                          |
| E-mail address: (                                                                                  | to be used for future annual rep                                                                                                | ort notification)        |
| For further information concerning this matter, please                                             | e call:                                                                                                                         |                          |
| Alex Kurkin                                                                                        | <sub>at (</sub> 305                                                                                                             | 929-8503                 |
| Name of Contact Person                                                                             | Area Code                                                                                                                       | 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 Circ Tallahassee, FL 32301 | cle                      |
| Enclosed is a check for the following amount \$125.00 Filing Fee \$130.00 Filing Certificate of    | Fee & 🔲 \$155.00 Filing                                                                                                         |                          |

## 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:

| Mikeone EK Maitland Summit, LLC  (Name of Foreign Limited Liability Company; must include "Limited Liability Company,"                                                                                                                                                 | "L.L.C.," or "LLC.")                                                                             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| f name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The                                                                                                                                                               | alternate name must include "Limited                                                             |
| ability Company," "L.L.C," or "LLC.")                                                                                                                                                                                                                                  | , anemate name must menude Emmed                                                                 |
| Delaware 3. 47-2180136                                                                                                                                                                                                                                                 |                                                                                                  |
| (Jurisdiction under the law of which foreign limited liability (FEI numb company is organized)                                                                                                                                                                         | per, if applicable)                                                                              |
| December 4, 2014                                                                                                                                                                                                                                                       |                                                                                                  |
| (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability                                                                                                                          | y)                                                                                               |
|                                                                                                                                                                                                                                                                        | TAL                                                                                              |
| 40054 NE 0011- A 0-11- 000                                                                                                                                                                                                                                             | <u> </u>                                                                                         |
| 18851 NE 29th Avenue, Suite 303                                                                                                                                                                                                                                        |                                                                                                  |
| (Street Address of Principal Office)                                                                                                                                                                                                                                   | SEE S                                                                                            |
| Aventura, FL 33180                                                                                                                                                                                                                                                     |                                                                                                  |
| Same as Above                                                                                                                                                                                                                                                          |                                                                                                  |
| (Mailing Address)                                                                                                                                                                                                                                                      | S.M. CO                                                                                          |
| . The name, title or capacity and address of the person(s) who has/have author                                                                                                                                                                                         | ority to manage is/are:                                                                          |
| Keila Gonzalez MGR                                                                                                                                                                                                                                                     | ,                                                                                                |
| • • • • • • • • • • • • • • • • • • • •                                                                                                                                                                                                                                |                                                                                                  |
| loao Rogerio Romaldini de Faria 🛮 🦟 🖰 🤼                                                                                                                                                                                                                                |                                                                                                  |
|                                                                                                                                                                                                                                                                        |                                                                                                  |
|                                                                                                                                                                                                                                                                        |                                                                                                  |
| . Attached is an original certificate of existence, no more than 90 days old, du                                                                                                                                                                                       | ly authenticated by the official                                                                 |
| aving custody of records in the jurisdiction under the law of which it is organi                                                                                                                                                                                       |                                                                                                  |
| ceptable. If the certificate is in a foreign language, a translarion of the certific                                                                                                                                                                                   | cate under oath of the translator                                                                |
| ust be submitted)                                                                                                                                                                                                                                                      |                                                                                                  |
| $A = () / () \cdot$                                                                                                                                                                                                                                                    |                                                                                                  |
|                                                                                                                                                                                                                                                                        |                                                                                                  |
| Signature of an authorized person accordance with section 605.0203, F.S., the execution of this document constitutes at affirmation under the penal aware that any false information submitted in a document to the Department of State constitutes a third degree fel | lties of perjury that the facts stated herein are to<br>lony as provided for in s.817.155, F.S.) |
| Keila Gonzalez                                                                                                                                                                                                                                                         |                                                                                                  |
| 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.

|               | f the Limited Liability ( EK Maitland |                                               |                    |               |
|---------------|---------------------------------------|-----------------------------------------------|--------------------|---------------|
|               |                                       | in the state of Florida is:                   |                    |               |
| 2. The name a | nd the Florida street add             | dress of the registered agent and office are: | SEI<br>TALL        | 14            |
|               | Alex Kurkin                           |                                               | ORE!               |               |
|               |                                       | (Name)                                        | — ≲ <u>×</u>       | ်။<br>မြောင်း |
|               | 18851 NE 29                           | 9th Avenue, Suite 303                         | . α <sup>σ</sup> . | ¥ II          |
|               | Florida Stre                          | eet Address (P.O. Box NOT ACCEPTABLE)         | F-STATE<br>FLORIDA |               |
|               | Aventura,                             | <sub>FL</sub> 33180                           | <b>A</b>           | 5             |
|               |                                       | City/State/Zin                                |                    |               |

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

### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MIKEONE EK MAITLAND SUMMIT, 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 SEVENTEENTH DAY OF OCTOBER, A.D. 2014.

5623547 8300

141302058

verify this certificate online delaware.gov/authver.shtml

Jeffrey W. Bullock. Secretary of State AUTHENTICATION: 1809172

DATE: 10-24-14