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	REFERENCE	: 4585	514	4302440	
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	FOREIGN F	<u>ILINGS</u>			
NAME:	REFLECTIONS A	T SEBAST	CIAN LLC		
XXXX QUALIFI	CATION (TYPE: L	<u>L</u>)			
PLEASE RETURN	THE FOLLOWING AS	PROOF C	F FILIN	G:	
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		EXAMI	NER:		

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COVER LETTER

TO:

Registration Section Division of Corporations

Reflections at Sebastian 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

Please return all correspondence concerning this matter to the following:	
Michael Zukerman, Esq.	
Name of Person	
Warshaw Burstein, LLP	
Firm/Company	
555 Fifth Avenue, 11th Floor	
Address	
New York, NY 10017	
City/State and Zip Code	
mzukerman@wbcsk.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Anila E. Hoxha 212 984-7733	
Name of Contact Person Area Code Daytine Telephone Numb	>1"

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

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:

Reflections at Sebastian 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 (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. 1623 US Hwy 1, Unit B-3
Sebastian, FL 32958
(Street Address of Principal Office) 6. PO Box 651249
Vero Beach, FL 32965
(Mailing Address)
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
Mr. Tom Scott (MANAGER)
PO Box 651249
Vero Beach, FL 32965
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 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.)
Tom Scott
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.

	fthe Limited Liability Ons at Sebas	• •	
If unavailable,	the alternate to be use	ed in the state of Florida is:	·····
2. The name as	nd the Florida street a	address of the registered agent and office ar	e: CERT
		Tom Scott	SSE OF L
		(Name)	- Reference
	1623 US H	wy 1, Unit B-3	ORTE 19
	Sebastian	FL 32958	
		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)

Delaware

PAGE

The First State

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

DELAWARE, DO HEREBY CERTIFY "REFLECTIONS AT SEBASTIAN 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 THIRTEENTH DAY OF JANUARY, A.D.

2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "REFLECTIONS

AT SEBASTIAN LLC" WAS FORMED ON THE TWELFTH DAY OF JANUARY, A.D.

2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

5672492 8300

150043824

AUTHENTY CATION: 2033577

DATE: 01-13-15

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