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515 EAST PARK AVI	NTS, INC. (formerly CCRS) . ENUE 32301
FILING COVER S ACCT. #FCA-23	SHEET
CONTACT:	Kim Weidenbach
DATE:	<u>02/20/15</u>
REF. #:	<u>9450865</u>
CORP. NAME:	7436 OCEAN TERRACE LLC
() ANNUAL REPORT (XX) FOREIGN QUALII () REINSTATEMENT () CERTIFICATE OF C. () OTHER: STATE FEES PR	() MERGER () WITHDRAWAL
·	COST LIMIT: \$
PLEASE RETUR (XX) CERTIFIED CO	PY () CERTIFICATE OF GOOD STANDING () PLAIN STAMPED COPY

Examiner's Initials





FLORIDA DEPARTMENT OF STATE Division of Corporations

February 23, 2015

CORPDIRECT AGENTS, INC. ATTN: KIM

ATTN: KIW

SUBJECT: 7436 OCEAN TERRACE LLC

Ref. Number: W15000012903

PLEASE GIVE ORIGINAL SUBMISSION
DATE AS FILE DATE

2/20/(5)

We have received your document for 7436 OCEAN TERRACE LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tim Burch Regulatory Specialist II

Letter Number: 515A00003712

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:

FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 1 7436 OCEAN TERRACE 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 multiability Company, "L.L.C," or "LLC,")	ust include "Limited
2 Delaware	TA
(Jurisdiction under the law of which foreign limited liability (FE) number, if applicable) company is organized)	TECT IS F
4. Upon Filing	
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	
c/o Claro Development, 1035 N. Miami Avenue, Suite 201, Miami, Florida 33136	
J	STA STA
(Street Address of Principal Office)	<u>-87</u> 3
c/o Claro Development, 1035 N. Miami Avenue, Suite 201, Miami, Florida 33138	
(Malling Address)	
7. The name, fitle or capacity and address of the person(s) who has/have authority to manage	
Ocean Terrace Holdings, LLC, Member - c/o Claro Development, 1035 N. Miami Avenue, Suite	201
Miami, Florida 33136	
8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated having custody of records in the jurisdiction under the law of which it is organized. (A photocoacceptable. If the certificate is in a foreign language, a translation of the certificate under oath must be submitted) Sandor Scher, Authorize Signer of Ocean Terrace Holdings, LLC, Member	opy is not
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 invare that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s	
Sandor Scher	
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.

If unavailab	le, the alternate to be used	l in the state of Florida is:			
2. The nam	e and the Florida street ad	idress of the registered agent and office are:	- CR CR	15 FEB	य सम्बद्धाः स
	Sandor Scher			20	21 314044133 413441133
	·	(Name)		TO T	
	1035 N. Miami Ave	nue Suite 201	ORIG ORIG	L: 05	A PARTY.
	Florida St	reet Address (P.O. Box NOT ACCEPTABLE)	>	,,	
	Miami	33136			
		City/State/Zip			
liability com registered as statutes rela	pany at the place designa gent and agree to act in th ting to the proper and con	nt and to accept service of process for the above stated in this certificate, I hereby accept the appointm is capacity. I further agree to comply with the protaplete performance of my duties, and I am familiar is registered agent as provided for in Chapter 605,	ent as visions of all with and		

(Signature)
Sandor Scher, as Registered Agent

\$ 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 "7436 OCEAN TERRACE 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 TWENTIETH DAY OF FEBRUARY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "7436 OCEAN TERRACE LLC" WAS FORMED ON THE TWENTIETH DAY OF FEBRUARY, A.D. 2015.

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

15 FEB 20 PH 4: 05
SECRETARY OF STATE
TALLAHASSEE, FLORIGA

5696760 8300

150231748

Jeffrey W. Bullock, Secretary of State

AUTHENT\(CATION: 2137748\)

DATE: 02-20-15

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