# M15000002361

(Re	questor's Name)				
(Address)					
(Address)					
(Cit	y/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					
	•				





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HAR 3 1 20:5 T. HAMPTON

#### **COVER LETTER**

TO:		ation Section n of Corporations			
SUBJI	ECT:	Sar	nchez Realty, LLC		
		Na			
Exister	ice, and c		above referenced foreign limited liabil	ransact Business in Florida," Certificate of ity company to transact business in Florida	
			<b>-</b>		
			Jerry Saresky		
Name of Person					
The Andersen Firm					
Firm/Company					
500 E Broward Blvd, Ste 1600					
			Address	<del></del>	
Ft. Lauderdale, FL 33394					
City/State and Zip Code					
			jsaresky@taflaw.com		
	•	E-mail address:	(to be used for future annual report no	tification)	
For fur	ther infor	mation concerning this matter, ple	ase call:		
		Jerry Saresky	at ( 866 )	230-2206	
		Name of Person	Area Code & Daytime Telephor		
	Division Registra P.O. Bo	NG ADDRESS: n of Corporations ation Section x 6327 ssee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		
Enclo		check for the following amo	ng Fee & \$\int\\$155.00 Filing Fee &	\$160.00 Filing Fee, Certificate	
		Certificate	of Status Certified Copy	of Status & Certified Copy	



March 16, 2015

JERRY SAARESKY THE ANDERSON FIRM 500 E BROWARD BLVD - STE 1600 FT LAUDERDALE, FL 33394

SUBJECT: SANCHEZ REALTY, LLC

Ref. Number: W15000018588

We have received your document for SANCHEZ REALTY, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed for your convenience.

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.

Tammy Hampton Regulatory Specialist III

Letter Number: 815A00005291

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

	ON LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1	Sanckez Realty, 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
-	Company," "L.L.C," or "LLC.")
2. (Juriso comp	Wyoming  3. 47-2677035  diction under the law of which foreign limited liability pany is organized)  (FEI number, if applicable)
<b>1</b> .	
	(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5	10270 SW 62 nd Street Fig 3
	Miami, PL 33173  (Street Address of Principal Office)
	The state of the s
5	Same Do -
	PATE —
1	(Mailing Address)
7. Th	omar Sanckez - Manager  Omar Sanckez - Manager
	10270 SW 62 nd Street
	Omar Sanchez - Manager 10270 SW 62 nd Street Miami, FL 33173
naving accepta nust b	ched is an original certificate of existence, no more than 90 days old, duly authenticated by the official custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not able. If the certificate is in a foreign language, a translation of the certificate under oath of the translator e submitted)  Signature of an authorized person  ance 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 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.)
	Typed or printed name of signee
	I yped or printed name of signee

### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0102, 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 Compa	any is:	
	Sanch	ez Realty, LLC	
If unavailable, the alternate t	o be used in the	state of Florida is:	
2. The name and the Florida	street address o	of the registered agent and office are:	
	0	mar Sanchez	
<del></del>		(Name)	
	10270	0 SW 62nd Street	
	Florida Street Addı	ress (P.O. Box <u>NOT</u> ACCEPTABLE)	
	Miami	i FL 33173	
<del></del>		City/State/Zip	<del></del>
liability company at the place agent and agree to act in this relating to the proper and con	designated in the capacity. I furth applete performance registered agent	o accept service of process for the about the control of the appears certificate, I hereby accept the appears agree to comply with the provision nee of my duties, and I am familiar with as provided for in Chapter 605, Florid	ointment as registered s of all statutes th and accept the
	\$ 100.00 \$ 25.00 \$ 30.00 \$ 5.00	Filing Fee for Application Designation of Registered Agent Certified Copy (optional) Certificate of Status (optional)	MAR 31 PH 4:11  ARETARY OF STATE AHASSEF, FLORIDA

## STATE OF WYOMING Office of the Secretary of State

I, EDWARD F. MURRAY, III, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

#### **SANCHEZ REALTY, LLC**

is a Limited Liability Company

formed or qualified under the laws of Wyoming did on **December 29, 2014**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2014-000678256**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 27th day of February, 2015 at 9:17 AM. This certificate is assigned 017294131.

Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.