#15000004768

(Re	equestor's Name)	
(Ad	tdress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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John J



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 21, 2015

SOPHIE WINITZ 444 BRICKELL AVE SUITE 51-120 MIAMI, FL 33131

SUBJECT: WS CREATIVE GROUP LLC

Ref. Number: W15000036196

We have received your document for WS CREATIVE GROUP LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return the corrected original and one copy of 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.

Letter Number: 915A00010798

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

COVER LETTER

TO:	Registration Section Division of Corporations			
	71/0 c c c			

SUBJEC'	WS Creative Group	LLC				
oobjac.	**	Name of	Limited Liability (Company		
		reign Limited Liability Com ed to register the above refer				
Please reti	urn all correspondence	concerning this matter to the	following:			
	Sophie Winitz					
		N	lame of Person		**************************************	
	WS Creative C	roup LLC				
		F	irm/Company			
	444 Brickell A	ve Suite 51-120				
	·		Address			
	Miami, FL 331	31				
		City/S	State and Zip Code			
	wsmmanagemer	tllc@gmail.com				
	1	E-mail address: (to be use	d for future annual	report not	ification)	
For furthe	r information concerning	g this matter, please call:				
	Sophie Winitz		786 at (800-85	59	
_	Name o	of Contact Person	Area Code	Day	rtime Telephone Number	
E R P	MAILING ADDRESS: Division of Corporation: Registration Section P.O. Box 6327 Callahassee, FL 32314			Division Registrat Clifton B 2661 Exe	of Corporations ion Section uilding ccutive Center Circle see, FL 32301	
	is a check for the follow ☐ \$125.00 Filing Fec	ving amount: ■ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filir	_	☐ \$160.00 Filing Fee, Ce	

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:

	eign Limited Liability Company; mu	st include "Limited Liability	Company," "L.L.C.," o	r "LLC.")
iability Company," "L.L.C,	Iternate name adopted for the purpos " or "LLC.")	e of transacting business in	Florida. The alternate na	me must include "Limited
Delaware		3.		
(Jurisdiction under the law company is organized)	of which foreign limited liability	(F	El number, if applicable)
. N/A				
	(Date first transacted busine (See sections 605.0904 & 605	ss in Florida, if prior to regi	stration.)	<u></u>
444 Brickell Ave Suite		P		- -
Miami Fl 33131				
	(Street Address of	Principal Office)		
. 444 Brickell Ave Suite	51-120			_
Miami Fl 33131				
	(Mailing	Address)		_
. Name and street addres	ss of Florida registered agent: (P	O. Box NOT acceptable)	
Name:	MERKIN, STEWART AESQ	····-		
Office Address:	444 BRICKELL AVENUE, ST	E 300		
	MIAMI, FL	F	lorida 33131	
Registered agent's accept	(City)		(Zip code)	····
his application, I hereby (tered agent and agree to	act in this capacity. I	further agree to comply
	(B.s.			ET C
				E 11 marin
-	acity and address of the person(s)	who has/have authority to	o manage is/are:	E IN
-	acity and address of the person(s)	who has/have authority to	o manage is/are:	PH 72
-	le: Manager	who has/have authority to	o manage is/are:	PH 2:
Gabriela W Patino Tit	le: Manager	who has/have authority to	o manage is/are:	R P
Gabriela W Patino Tit 21382 Marina Cove Cir # Aventura, FL 33180 Attached is a certificate	of existence, no more than 90 day of which it is organized. (If the cubmitted)	ys old, duly authenticated	by the official having	custody of records in the

Sophie Winitz

Typed or printed name of signee

degree felony as provided for in s.817.155, F.S.)

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "WS CREATIVE GROUP 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-SEVENTH DAY OF MAY, A.D. 2015.

TALE ALL OF THE STATE OF THE ST

5709153 8300

150779283

Jeffrey W. Bullock, Secretary of State
AUTHENT CATION: 2412394

DATE: 05-27-15

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