

m 15000005110

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TOLAHASSEE, FL 32304

JUN 30 2015

S. GILBERT



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 17, 2015

RICHARD M. MOGERMAN
8211 W. BROWARD BLVD., SUITE 200
PLANTATION, FL 33324

SUBJECT: SARAH'S WAY LLC
Ref. Number: W15000041898

We have received your document for SARAH'S WAY LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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) 245-6052.

Sylvia Gilbert
Regulatory Specialist II
New Filing Section

Letter Number: 615A00012674



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 17, 2015

RICHARD M. MOGERMAN
8211 W. BROWARD BLVD., SUITE 200
PLANTATION, FL 33324

SUBJECT: SARAH'S WAY LLC
Ref. Number: W15000041898

RECEIVED
15 JUN 26 PM 12:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Sylvia Gilbert
Regulatory Specialist II
New Filing Section

Letter Number: 615A00012674

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Sarah's Way, 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 matter to the following:

Richard M. Mogerman

Name of Person

Richard M. Mogerman, P. A.

Firm/Company

8211 W. Broward Boulevard, Suite 200

Address

Plantation, Florida 33324

City/State and Zip Code

markmog@bellsouth.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Richard M. Mogerman

954

475-7171

Name of Contact Person

at (_____) _____
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 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:

1. SARAH'S WAY 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. NEW YORK 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. NONE
(Date first transacted business in Florida, if prior to registration.)
(See sections 605 0904 & 605 0905, F.S. to determine penalty liability)

5. 50 SOUTH POINTE DRIVE, APT #1106
MIAMI BEACH, FLORIDA 33139
(Street Address of Principal Office)

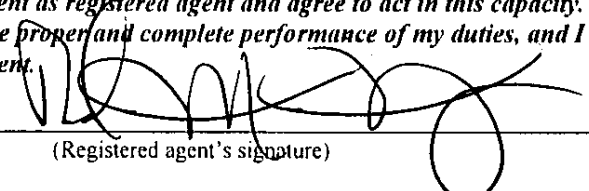
6. PO BOX 904
DANIA BEACH, FLORIDA 33004
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: RICHARD M. MOGERMAN, P.A.
Office Address: 8211 West Broward Boulevard, Suite 200
Plantation, Florida 33324
(City) (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)

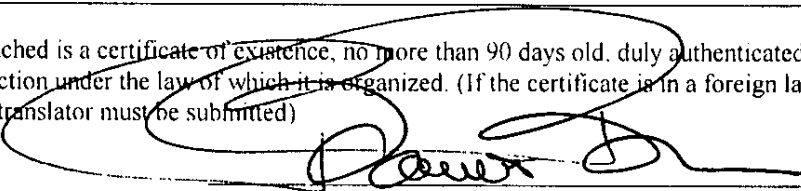
8: The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

BARNETT BROWN, MANAGER, 50 SOUTH POINTE DRIVE, APT #1106, MIAMI BEACH, FL 33139

ADAM BROWN, MANAGER, 50 SOUTH POINTE DRIVE, APT # 1106, MIAMI BEACH, FL 33139

ROBIN CRUISE, MANAGER, PO BOX 904, DANIA BEACH, FLORIDA 33004

9. Attached is a 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. (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 am 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.)

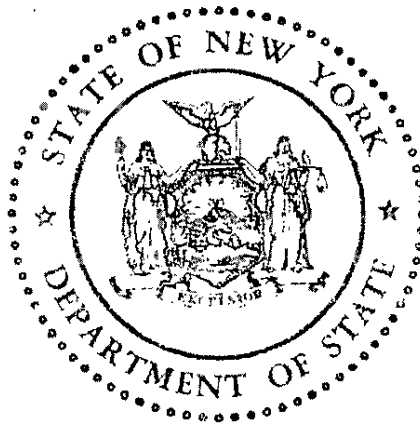
BARNETT BROWN

Typed or printed name of signee

FILED
15 JUN 26 AM 7:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

State of New York
Department of State } ss:

I hereby certify, that SARAH'S WAY LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 07/17/2013, and that the Limited Liability Company is existing so far as shown by the records of the Department.



*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 03rd day of June two
thousand and fifteen.*

Anthony Giardina

Executive Deputy Secretary of State

STATE OF NEW YORK
DEPARTMENT OF STATE

I hereby certify that the annexed copy has been compared with the original document in the custody of the Secretary of State and that the same is a true copy of said original.



WITNESS my hand and official seal of the
Department of State, at the City of Albany,
on June 4, 2015.

Anthony Giardina

Anthony Giardina
Executive Deputy Secretary of State