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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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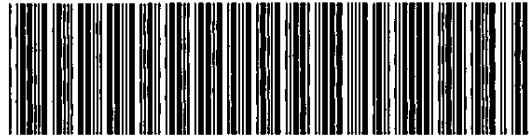
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OCT 30 2015

Y SULKER

~~WAS 69933~~

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** 2150 SOUTH ANDREWS AVENUE, 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:

MARK WEBER

Name of Person

PASSEN ENTERPRISES, LLC

Firm/Company

200 SW 1 AVENUE, SUITE 830

Address

FORT LAUDERDALE, FLORIDA 33301

City/State and Zip Code

WKOCH@PASSENENTERPRISES.COM

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

For further information concerning this matter, please call:

MARK WEBER

954 900-5837  
at ( )

Name of Contact Person

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 21, 2015

MARK WEBER  
200 SW 1 AVENUE, SUITE 830  
FORT LAUDERDALE, FL 33301 US

SUBJECT: 2150 SOUTH ANDREWS AVENUE, LLC  
Ref. Number: W15000069933

RECEIVED  
15 OCT 30 AM 10:58  
DIVISION OF STATE  
CORPORATIONS

We have received your document for 2150 SOUTH ANDREWS AVENUE, 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):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

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.

Yasemin Y Sulker  
Regulatory Specialist II

Letter Number: 415A00022329

**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. 2150 SOUTH ANDREWS AVENUE, 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. NEVADA 3. 47-5067663  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 10/12/15  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 200 SW 1 AVENUE SUITE 830  
FORT LAUDERDALE, FLORIDA 33301  
(Street Address of Principal Office)

6. 200 SW 1 AVENUE, SUITE 830  
FORT LAUDERDALE, FLORIDA 33301  
(Mailing Address)

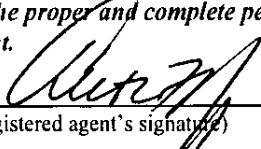
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: FREVOLA, ALBERT L, JR.  
Office Address: 633 S. FEDERAL HWY  
FORT LAUDERDALE, Florida 33011  
(City) (Zip code)

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15 OCT 30 PM 12:15  
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TALLAHASSEE, FLORIDA

**Registered agent's acceptance:**

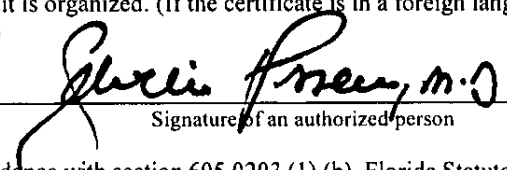
*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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:

SELVIN PASSEN, MD, Managing member  
200 SW 1 AVENUE, SUITE 830  
FORT LAUDERDALE, FLORIDA 33301

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)

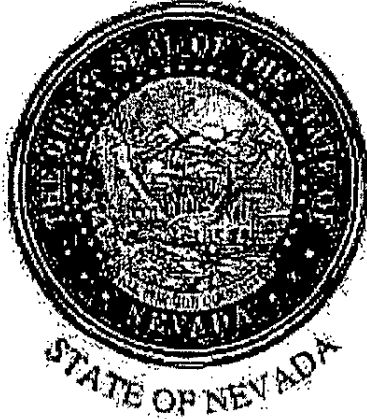
  
Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

SELVIN PASSEN, MD

Typed or printed name of signee

# SECRETARY OF STATE



## LIMITED LIABILITY COMPANY CHARTER

I, BARBARA K. CEGAVSKE, the Nevada Secretary of State, do hereby certify that **2150 SOUTH ANDREWS AVENUE LLC** did on September 16, 2015, file in this office the Articles of Organization for a Limited Liability Company, that said Articles of Organization are now on file and of record in the office of the Nevada Secretary of State, and further, that said Articles contain all the provisions required by the laws governing Limited Liability Companies in the State of Nevada.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on September 16, 2015.

*Barbara K. Cegavske*

BARBARA K. CEGAVSKE  
Secretary of State

Certified By: Electronic Filing  
Certificate Number: C20150916-1129  
You may verify this certificate  
online at <http://www.nvsos.gov/>