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COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: FOX ONE LLC Name of Limited Liability Company	_ 				
Name of Limited Liability Company					
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in F Existence, and check are submitted to register the above referenced foreign limited liability company to transact	Florida," Certificate of act business in Florida				
Please return all correspondence concerning this matter to the following:					
ARMANDO F. FOX					
Name of Person					
FOX ONE LLC					
Firm/Company					
ONE ANDALUSIA AVE. #916					
Address					
CODAL GARLES EL 22124					
CORAL GABLES, FL 33134 City/State and Zip Code					
foxonemanager@gmail.com					
foxonemanager@gmail.com E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
ALEXANDER FOXat (917)579-0282					
Name of Contact Person Area Code Daytime Telephone Nu	umber				
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CirclTallahassee, FL 32301	le				
Enclosed is a check for the following amount: \$\Bigsim \frac{1}{2}\$ \$125.00 \text{ Filing Fee} \Bigsim \frac{1}{2}\$ \$130.00 \text{ Filing Fee & Certified Copy} \Bigsim \frac{1}{2}\$ \$160.00 \text{ Filing Fee & Certified Copy} \text{of Status & Certified Copy} \text{of Status & Certified Copy} \text{of Status & Certified Copy} \text{of Status & Certified Copy} \text{of Status & Certified Copy} \text{of Status & Certified Copy} \text{of Status & Certified Copy} \text{of Status & Certified Copy} \text{of Status & Certified Copy} \text{of Status & Certified Copy} \text{of Status & Certified Copy} \text{of Status & Certified Copy} \text{of Status & Certified Copy} \text{of Status & Certified Copy} \text{of Status & Certified Copy} \text{of Status & Certified Copy} \text{of Status & Certified Copy} \text{of Status & Certified Copy} \text{of Status & Certified Copy} \text{of Status & Certified Copy} \text{of Status & Certified Copy} \text{of Status & Certified Copy} \text{of Status & Certified Copy} \text{of Status & Certified Copy} \text{of Status & Certified Copy} \text{of Status & Certified Copy} \text{of Status & Certified Copy} \text{of Status & Certified Copy} \text{of Status & Certified Copy} \text{of Status & Certified Copy} \text{of Status & Certified Copy} \text{of Status & Certified Copy} \text{of Status & Certified Copy} \text{of Status & Certified Copy} \text{of Status & Certified Copy} \text{of Status & Certified Copy} \text{of Status & Certified Copy} \qua					

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:

I. FOX ONE LLC				44.7.0.10
(Name of Foreigh	gn Limited Liability Company; must inc	clude "Limited Liab	ility Company," "L.L.C.," or	"LLC.")
(If name unavailable, enter alte Liability Company," "L.L.C,"	rnate name adopted for the purpose of	transacting business	in Florida. The alternate nam	ne must include "Limited
NEW YORK		_{3.} 27-4523	438	
(Jurisdiction under the law o company is organized)	f which foreign limited liability	J	(FEI number, if applicable))
	BER 9, 2015			
	(Date first transacted business ir (See sections 605.0904 & 605.090	Florida, if prior to 5, F.S. to determine	registration.) penalty liability)	-
5. ONE ANDALUSIA	AVE. #916, CORAL GAB	LES, FL 3313	34	- 2
				2015 NOV 30
	- 15 9 -			
6. ONE ANDALUSIA				
	(Mailing Addi			1.3: 23 FLOREIT
7. Name and street address	of Florida registered agent: (P.O. I			置っる
Name:	NORTHWEST REGISTERE			()
Office Address:	3030 N. Rocky Point Driv	/e, STE 150A		
	TAMPA		, Florida <u>33607</u>	_
Registered agent's accept	(City)		(Zip code)	
Having been named as reg	istered agent and to accept service ccept the appointment as registered	of process for the	above stated corporation to act in this canacity. I	at the place designated in further agree to comply
with the provisions of all st	atutes relative to the proper and co	emplete performa	nce of my duties, and I an	n familiar with and accept
the obligations of my positi		m Glover/Secr	retary/Northwe t Re	e tere A e t LLC
•		agent's signature)		_
8 The name title or capac	eity and address of the person(s) wh	o has/have authori	ity to manage is/are:	
•	MEMBER) - ONE ANDALUS			, FL 33134
	(MANAGER) - 10 SW SOU			
			, , ,	
 Attached is a certificate of jurisdiction under the law of 	of existence, no more than 90 days of which it is organized (of the certif	old, duty authentic ficate/is in a foreig	ated by the official having n language, a translation o	custody of records in the of the certificate under oath
of the translator must be su		H	• •	
	Helia	40		_
		an authorized person		
This document is executed submitted in a document to	in accordance with section 605.0203 the Department of State constitutes	3 (T) (b), Florida S a third degree felo	statutes. I am aware that an my as provided for in s.817	y false information 7.155, F.S.
	ALEXANDER F.		ER	_
	Typed or print	ed name of signee		

State of New York Department of State } ss:

I hereby certify, that FOX ONE LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 12/03/2010, and that the Limited Liability Company is existing so far as shown by the records of the Department.

The Biennial Statement is past due.



THIS NOV 30 PH 3: 23

WITNESS my hand and the official seal of the Department of State at the City of Albany, this 13th day of November two thousand and fifteen.

Continy Scardina

Executive Deputy Secretary of State