

M16000000518

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W16-1873

Office Use Only



500280888835

RECEIVED

16 JAN 12 AM 10:59

NOT A JUDGE
10:00 AM
SUFFICIENT FILING

FILED

2016 JAN 12 A 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 21 2016
J. BRICE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 20, 2016

CSC
ATTN: COURTNEY WILLIAMS

SUBJECT: MIGAL 699, LLC
Ref. Number: W16000001873

RESUBMIT
Please give original
submission date as file date.

We have received your document for MIGAL 699, LLC and the authorization to debit your account in the amount of \$130.00. However, the document has not been filed and is being returned for the following:

As discussed on phone, two previous attempts by your clients to file have resulted in the name being held on their behalf. Fax filings need to be cancelled before this can be filed.

Please return your document, along with a copy of this letter, within 60 days your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Mason
Regulatory Specialist II

Letter Number: 816A00000164

2016 JAN 19 A 10:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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RECEIVED
16 JAN 20 PM 4:30
TO ADOPTIVE
SUFFICIENCY OF FILING



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 13, 2016

CSC
MELISSA ZENDER

RESUBMIT

Please give original
submission date as file date.

SUBJECT: MIGAL 699, LLC
Ref. Number: W16000001873

We have received your document for MIGAL 699, LLC and the authorization to debit your account in the amount of \$130.00. However, the document has not been filed and is being returned for the following:

The name you are requesting is unavailable, since it has been previously requested by another individual and the document was returned to the individual for corrections and has not yet been resubmitted.

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.

Deborah Bruce
Regulatory Specialist II

Letter Number: 016A00000789

2016 JAN 12 A 10:19
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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DEPARTMENT OF STATE
16 JAN 15 PM 4:44

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 954179 4370848

AUTHORIZATION :

COST LIMIT : \$ 130.00

ORDER DATE : January 12, 2016

ORDER TIME : 9:27 AM

ORDER NO. : 954179-005

CUSTOMER NO: 4370848

FOREIGN FILINGS

NAME: MIGAL 699, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
____ PLAIN STAMPED COPY
XX _____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER: _____

FILED
2016 JAN 12 A 10:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Migal 699, 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:

Fran Mulnick Parker

Name of Person

The Law Offices of Fran Mulnick Parker, P.C.

Firm/Company

888 Newark Avenue

Address

Jersey City, NJ 07306

City/State and Zip Code

kristina@fmparkerlaw.com

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

For further information concerning this matter, please call:

Fran Parker

at (212)

647-7392

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

2016 JAN 12 A 10:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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. Migal 699, 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. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 47-5669227
(FEI number, if applicable)

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

5. 318 NW 23rd Street, Miami, FL 33127

(Street Address of Principal Office)

6. 318 NW 23rd Street, Miami, FL 33127

(Mailing Address)

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

Name: Corporation Service Company

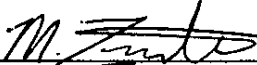
Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(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.

Corporation Service Company

By: 
(Registered agent's signature)


Melissa Zender
Asst. Vice President

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

Moishe Mana - Sole Member

318 NW 23rd Street, Miami, FL 33127

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.)

Moishe Mana

Typed or printed name of signer

FILED
2016 JAN 12 A 10:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MIGAL 699, 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 TWELFTH DAY OF JANUARY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MIGAL 699, LLC" WAS FORMED ON THE ELEVENTH DAY OF SEPTEMBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



5823519 8300

SR# 20160165031

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

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 201655539

Date: 01-12-16