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K.SALY EXAMINER CFB - 4 CORPORATION SERVICE COMPANY 1201 Havs Street

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO. : 12000000195					
	REFERENCE : 986667 7833946					
	AUTHORIZATION: Spelle war					
	COST LIMIT : \$185'.00					
ORDER DATE :	February 3, 2016					
ORDER TIME :	1:01 PM					
ORDER NO. :	986667-005					
CUSTOMER NO:	7833946					
FOREIGN FILINGS						
NAME: 524 JEFFERSON GROUP, LLC						

XXXX QUALIFICATION (TYPE: <u>LL</u>)				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING				
CONTACT PERSON: Courtney Williams EXT# 62935				
EXAMINER:				

COVER LETTER

TO:

Registration Section

Div	ision of Corporatio	ns					
SUBJECT:	524 Jefferson Grou	p, LLC					
		Name of Limited Liability Company					
The enclosed Existence, an	l "Application by Fo	reign Limited Liability Comp ed to register the above refer	pany for Authoriza enced foreign limit	tion to Tra ed liability	nnsact Business in Florida," (y company to transact busine	Certificate of ss in Florida	
Please return	all correspondence	concerning this matter to the	fallowing:				
	Camilo Migue	l, Jr.					
	Name of Person						
	MC Manager, LLC						
	Firm/Company						
	119 Washingto	on Ave, Ste. 505					
			Address				
	Miami Beach, FL 33139						
		City/S	tate and Zip Code				
	cmigueljr@yaho	oo.com					
	E-mail address: (to be used for future annual report notification)						
For further in	nformation concernir	ng this matter, please call:					
Ca	milo Miguel, Jr.		305 at (531-24	26		
	Name	of Contact Person	Area Code	Day	rtime 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					
	a check for the follow \$125.00 Filing Fee	ving amount: \$\sum \text{\$\}}}}}\$}}}}}}}} lengthetation \end{tikt{\$\text{\$\text{\$\tex{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$	□ \$155.00 Filin Certified Copy		☐ \$160.00 Filing Fee, Cer 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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. 524 Jefferson Group, I			
(Name of For	eign Limited Liability Company; must include "Limit	ted Liability Company," "L.L.C.," or	"LLC.")
Liability Company," "L.L.C.	Iternate name adopted for the purpose of transacting I " or "LLC.")	business in Florida. The alternate nam	ne must include "Limited
2. Delaware	3		
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable)	
4			•
	(Date first transacted business in Florida, if (See sections 605.0904 & 605.0905, F.S. to de	prior to registration.) termine penalty liability)	-
5. 119 Washington Aven		, ,, ,, , ,, , ,, , ,, , ,, , ,, ,, ,, ,, ,	~
Miami Beach, FL 331	39		1200 S. T.
	(Street Address of Principal Office)		
6. 119 Washington Avenu	ue, Ste. 505		
Miami Beach, FL 331	39		SAR T
	(Mailing Address)		
7 Name and street address	ss of Florida registered agent: (P.O. Box NOT:	nagentable)	R. P. 15
	Corporation Service Company	ассеріавісу	
Name:	1201 Hays Street		
Office Address:		<u>,</u>	
	Tallahassee	, Florida <u>32301</u>	
Registered agent's accep	(City)	(Zip code)	,
designated in this applicate to complywith the provision	gistered agent and to accept service of process tion, I hereby accept the appointment as registered agent. my position as registered agent. (Registered agent's sign	ered agent and agree to act in thi inplete performance of my duties, Courtr Asst. V	s capacity. I further agree
0 The 4'4			
	city and address of the person(s) who has/have a	authority to manage is/are:	
MC Manager, LLC, Mana	BCL		<u></u>
119 Washington Avenue,	Ste. 505		
Miami Beach, FL 33139			····
 Attached is a certificate jurisdiction under the law of of the translator must be su 	of existence, no more than 90 days old, duly aut of which it is organized. (If the certificate is in a sibmitted) Signature of an authorized	foreign language, a translation of	ustody of records in the the certificate under oath
	Signature of an authorized	person	
This document is executed submitted in a document to	in accordance with section 605.0203 (1) (b), Flo the Department of State constitutes a third degree	orida Statutes. I am aware that any	false information 155, F.S.

Typed or printed name of signee

Camilo Miguel, Jr., CEO

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "524 JEFFERSON 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 THIRD DAY OF FEBRUARY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "524 JEFFERSON GROUP, LLC" WAS FORMED ON THE FIRST DAY OF FEBRUARY, A.D. 2016.

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

Authentication: 201773507

Date: 02-03-16

5952342 8300 SR# 20160564477

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