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Division of Corporations

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Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023

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Foreign Limited Liability Company 211 Jungle Road, LLC

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COVER LETTER

SUBJECT:	211 JUNGLE ROAD, LLC	Name of Limited Liability Company
The enclosed Existence, and	"Application by Foreign Limited d check are submitted to register t	Liability Company for Authorization to Transact Business in Florida," Certificate of the above referenced foreign limited liability company to transact business in Florid
Please return	all correspondence concerning thi	s matter to the following:
	KALMAN VIDOMLANSKI	
	the difference of the same of	Name of Person
	L. JAKES, LLC	
		Firm/Company
	PO BOX 805	
		Address
	NEW YORK, NY 10150	
	PAGE OF THE PAGE O	City/State and Zip Code
	KALMAN@SMITHNYC.CO	
		ss: (to be used for future annual report notification)
For further inf	ormation concerning this matter, p	please call:
DAV	VID MUCHNIK Name of Person	at (646) 779-4403
	Name of Person	Area Code Daytime Telephone Number
Divis Regis P.O. 1	LING ADDRESS: ion of Corporations stration Section Box 6327 hassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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 O	OF FLORIDA:	as to mounte	(AT (MIGO
1. 211 JUNGLE ROAD, LLC				
(Name of Poreign Limited I	liability Company; must include "Limite	d Liability Company," "L.I.	C.," or "LLC.")	
(If name unavailable, enter alternationsent of the managers or managin Company," "L.L.C," "LLC.")	e name adopted for the purpose of transang members adopting the alternate name.	ecting business in Florida ar The alternate name must in	nd attach a copy onclude "Limited	of the written Liability
2. DELAWARE	3			
(Jurisdiction under the law of whe company is organized)	h foreign limited liability (FEI number, if applicable)			
4. N/A				
(Date)	first transacted business in Florida, if pri- tions 605.0904 & 605.0905, F.S. to dete	or to registration.) rmine penalty liability)		4
5. c/o KOCHMAN & ZISKA PLA	C, 222 LAKEVIEW AVENUE, SUITE	1500) ennimes
WEST PALM BEACH, FL 334	401		- 상황 = 일당 =	- g
	(Street Address of Principa	l Office)		# F T
6. PO BOX 805			54 7	100
NEW YORK, NY 10150			高流 0	ō ·
	(Mailing Address)		· · · · · · · · · · · · · · · · · · ·	
7. The name, title or capacity	y and address of the person(s) who	has/have authority to	manage is/are	: .
L. JAKES, LLC, MANAGING MI	EMBER			
PO BOX 805				
NEW YORK, NY 10150				
in the jurisdiction under the law of w	of existence, no more than 90 days old, du hich it is organized. (A photocopy is not a h of the translator must be submitted.)	ecceptable. If the certificate is		
	Signature of an authoriz			
penalties of perjury th	ection 605.0203, F.S., the execution of this de that the facts stated herein are true. I am awa epartment of State constitutes a third deg	re that any false information	n submitted in a)
THOMA	S DEL BOSCO	······································		
	Typed or printed name of	signee		

2/11/2016 9:01:57 AM From: To: 8506176383(4/5)

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:							
211 JUNGLI	211 JUNGLE ROAD, LLC						
II unavailat	ole, the alternate to be used in the state of Florida is:						
2. The nam	ne and the Florida street address of the registered agent and office are:						
	C T Corporation System						
	(Name)						
	1200 South Pine Island Road	 					
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	- 20 m					
	Plantation FL 33324						
	City/State/Zip						
liability con registered a statutes rela	n named as registered agent and to accept service of process for the above upany at the place designated in this certificate. I hereby accept the appoingent and agree to act in this capacity. I further agree to comply with the puting to the proper and complete performance of my duties, and I am family bligations of my position as registered agent as provided for in Chapter 6	ntment as provisions of all liar with and					
	By: Bus Bus Bregi						
	\$ 100.00 Filing Fee for Application						

\$ 25.00 Designation of Registered Agent

Certified Copy (optional)
Certificate of Status (optional)

\$ 30.00

5.00

Delaware The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "211 JUNGLE ROAD, 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 TENTH DAY OF FEBRUARY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

at corn delaware gov/auti

Authentication: 201811553

Date: 02-10-16