## Florida Department of State

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Division of Corporations

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From:

Account Name : CORFORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053

Phone : (561)694-8107

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## Foreign Limited Liability Company ITALIAN VILLAGE LLC

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Electronic Filing Menu

1 of 1

Corporate Filing Menu

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## 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. ITALIAN VILLAGE L	LC ign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "L	.LC.')		
Liability Company," "L.L.C."	ternate name adopted for the purpose of transacting business in Florida. The alternate name or "LLC.")	inust includ	o "Limitod	i
2. Delaware	3.			
(Jurisdiction under the law of company is organized)	of which foreign limited liability (FE) number, if applicable)			
4	(Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability)			
<ol> <li>600 Brickell Ave., 38th</li> <li>Miami, FL 33131</li> </ol>	1 PL			
	(Street Address of Principal Office)		증	
6. 600 Brickell Ave., 38th FL				
1 d			APR	:
Miami, FL 33131	(Muiling Address)		28	
	· · · · · · · · · · · · · · · · · · ·	• •		
7. Name and street address	s of Florida registered agent: (P.O. Box NOT acceptable)		Dr.	
Name:	Corporate Creations Network Inc.		ې	•
Office Address:	11380 Prosperity Farms Road #221E	• • • • • • • • • • • • • • • • • • • •	<b>4</b>	
	Palm Beach Gardens , Florida 33410			
designated in this applica- to complywith the provision	(City) (Zip code) tance: gistered agent and to accept service of process for the above stated limited liabilition, I hereby accept the appointment as registered agent and agree to act in this one of all platuits relative to the proper and complete performance of my duties, my position as registered agent.	capacity.	I further	agree
8. The name, title or caps	Registered agent's signature)  Registered agent's signature)  Registered agent's signature authority to manage is/are:	<b>Ery</b>		,
James Ferraro, Manager -	600 Brickell Ave 38th FL Miami, FL 33131			
jurisdiction under the law of the translator must be so	Stanature of an authorized person	the certifica	ate under	
This document is executed submitted in a document to	I in accordance with section 605.0203 (1) (h). Florida Statutes. I am aware that any of the Department of State constitutes a third degree felony as provided for in s.817.1 James Ferraro, Manager by: Kristine Roy, Attorney-in-Fact	ialse inforn ISS, F.S.	nation	
	Typed or printed name of signoc			

## Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "ITALIAN VILLAGE 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 TWENTY-EIGHTH DAY OF APRIL, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ITALIAN VILLAGE LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF APRIL, A.D. 2016.

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

Authentication: 202227855

Date: 04-28-16

6025104 8300 SR# 20162648705

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