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PICK-UP WAIT MAIL						
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SECTETIARY OF STATE TALLAMASSEE, FLOT DA

S. YOUNG



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 21, 2016

JORGE L. LOPEZ-GARCIA,ESQ 1450 MADRUGA AVENUE STE 408 CORAL GABLES, FL 33146 US

SUBJECT: SJS COMMERCIAL, LLC

Ref. Number: W16000029792

We have received your document for SJS COMMERCIAL, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$1193.75.

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.

Shelia H Young Regulatory Specialist II

Letter Number: 516A00008300

TÄLLÄÄÄASSELYILU- VA

COVER LETTER

TO:

то:	Registration Section Division of Corporati	ons					
SUBJ	SJS Commercial,	LLC					
0000		Name of	Limited Liability	Company			
				ation to Transact Business in Flor ited liability company to transact			
Please	return all correspondence	e concerning this matter to the	e following:				
	Jorge L. Lope	ez-Garcia, Esq.					
	W41 #7 #7 *** *** *** *** *** *** *** *** *	N	lame of Person				
	Jorge Luis Lopez-Garcia, P.A.						
	Firm/Company						
	1450 Madruga Avenue, Suite 408						
	Address						
	Coral Gables	Coral Gables, Florida 33146					
	City/State and Zip Code						
	jorge@lopezga	rciapa.com			P1112: 05		
		E-mail address: (to be use	ed for future annual	l report notification)			
For fur	ther information concern	ing this matter, please call:					
	Jorge L. Lopez-Garcia		305 at (662-2525			
	Name	of Contact Person	Area Code	Daytime Telephone Numb	er		
	MAILING ADDRESS Division of Corporation 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			
Enclos	ed is a check for the follo ☐ \$125.00 Filing Fee	wing amount: \$\Bigsiz\$ \$130.00 \text{ Filing Fee & Certificate of Status}	☐ \$155.00 Filin 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 COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	INESS IN THE STATE OF FLORI	DA.		
1. SJS Commercial, LLC			170 0 100	WITO 25
(Name of Forc	ign Limited Liability Company; n	nust include "Limited Lia	ibility Company," "L.L.C., " or	"LLC.)
(If name unavailable, enter al Liability Company," "L.L.C,	ternate name adopted for the purp	ose of transacting busine	ss in Florida. The alternate nar	ne must include "Limited
Delaware	4,	3. 45-0614198		
(Jurisdiction under the law	of which foreign limited liability	J	(FEI number, if applicable)
company is organized) 4. February 28, 2011				
4	(Date first transacted busic (See sections 605.0904 & 60	iness in Florida, if prior t	o registration.)	-
5. 15807 Biscayne Blvd.,		05.0905, F.S. to determin	ne penalty hability)	a
North Miami Beach, Fl				5 35 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
6. 15807 Biscayne Blvd.,	•	of Principal Office)		APR 20
6. 1360/ Biscaylie Biva.,	Suite 201			- 20 SERVE
North Miami Beach, Fl				- 바위
	(Mailin	ng Address)	•	PH 12: 06
7. Name and street addres	s of Florida registered agent: ((P.O. Box NOT accep	table)	O
Name:	Jorge L. Lopez-Garcia, Esq.		_	
Office Address:	1450 Madruga Avenue, Suite	÷ 408	_	
	Coral Gables		, Florida	-
Registered agent's accep	(City)		(Zip code)	
Having been named as re designated in this applical to complywith the provision	gistered agent and to accept so tion, I hereby accept the appo ons of all statutes relative to th ny position as registered agen	intment as registered die proper and complet	agent and agree to act in th e performance of my dutie:	is capacity. I further agree
8. The name, title or capa Jannette Zafrani - Manage	ecity and address of the person			
15807 Biscayne Blvd., Su	ite 207			***
North Miami Beach, Flori	da 33160			all-to-languaging page
	of existence, no more than 90 of which it is organized. (If the abmitted)		ian languago, a translation o	
	in accordance with section 60, the Department of State const	5.0203 (1) (b), Florida	Statutes I am aware that an	

Typed or printed name of signee

Jannette Zafrani

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "SJS COMMERCIAL, 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 THIRTEENTH DAY OF APRIL, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SJS COMMERCIAL,

LLC" WAS FORMED ON THE TWENTY-EIGHTH DAY OF FEBRUARY, A.D. 2011.

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

2 1c 1c3 90 PM 19: 06



Authentication: 202137249

Date: 04-13-16

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