M16000003582

(Requestor's Name)				
(Ad	dress).			
(Address)				
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL.		
(Bu	siness Entity Nar	ne)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
:				

Office Use Only



100285197901

05/02/16--01022--020 **130.00



< hilling

COVER LETTER

TO:	gistration Section vision of Corporations	
SUBJE	HARLEQUIN PROPERTY MANAGEMENT GROUP II, LLC	
	Name of Limited Liability Company	
	d "Application by Foreign Limited Liability Company for Authorization to Transact Busines and check are submitted to register the above referenced foreign limited liability company to the company to th	
Please	n all correspondence concerning this matter to the following:	
	Alain Lantigua	
	Name of Person	
	HARLEQUIN PROPERTY MANAGEMENT GROUP II, LLC	1
	Firm/Company	
	8350 NW 52nd TER, Suite 210	2000 夏 丁
Address		Y-2 M
	Doral, FL 33166	ILED 1-2 MIZ: 36 MSSEE, FLORIDA
	City/State and Zip Code	- Bin 3
	alain.lantigua@gmail.com	
	E-mail address: (to be used for future annual report notification)	
For furt	nformation concerning this matter, please call:	
	ain Lantigua 305 788-8310 at (
	Name of Contact Person Area Code Daytime Telephor	ie Number
	AILING ADDRESS: vision of Corporations gistration Section D. Box 6327 Iahassee, FL 32314 STREET ADDRESS: Division of Corporation Registration Section Clifton Building 2661 Executive Center Tallahassee, FL 32301	
Enclose		Filing Fee, Certificate 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:

HARLEQUIN PROPE	RTY MANAGEMENT GROUP II LLC eign Limited Liability Company; must includ	C le "Limited Liability Company," "L.L.C.," or	"LLC.")
100			
iability Company," "L.L.C,		sacting business in Florida. The alternate nar	ne must include "Limited
DELAWARE	of which foreign limited liability	(FEI number, if applicable	`
company is organized)	or which foreign minica naturity	(1 Et illilitæt, il applicable	,
N/A			_
	(Date first transacted business in Flo (See sections 605.0904 & 605.0905, F	orida, if prior to registration.) .S. to determine penalty liability)	
8350 NW 52nd TER, 5	Suite 210, Doral, FL 33166		_
			TAS 5
	(Street Address of Principal	Office)	
8350 NW 52nd TER, S	uite 210, Doral, FL 33166		
	(Mailing Address)		7-2 P
Name and street address	s of Florida registered agent: (P.O. Box		EN LO
Name and street addres		NOT acceptable)	
Name:	Alain Lantigua		<u> </u>
Office Address:	8350 NW 52nd TER, Suite 210		
	Doral	Florida 33166 (Zip code)	
egistered agent's accep	(City)	(Zip code)	_
aving been named as re signated in this applica complywith the provision	gistered agent and to accept service of p tion, I hereby accept the appointment a	process for the above stated limited liab s registered agent and agree to act in th and complete performance of my duties	is capacity. I further agr
			_
	(Registered age	nt's signature)	
The name, title or capa	icity and address of the person(s) who ha	s/have authority to manage is/are:	
lain Lantigua, Manager,	8350 NW 52nd TER, Suite 210, Doral,	FL 33166	
	of which it is organized. (If the certificate	duly authenticated by the official having e is in a foreign language, a translation o	
	Signature of an au	thorized person	_
		(b), Florida Statutes. I am aware that an ird degree felony as provided for in s.817	
ommuca in a document to	Alain Lantigua	nd degree relong as provided for ill \$.61 /	.100,1.0.
	riam Lamigua		

Typed or printed name of signee

<u>Delaware</u>

Page 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "HARLEQUIN PROPERTY MANAGEMENT GROUP II

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 EIGHTEENTH DAY OF APRIL, A.D. 2016.

16 MAY -2 PH I2: 36
SECRETARY OF STATE
TALL ALL ROSES IN CONTACT

at core delaware gov/aut

Authentication: 202167850

Date: 04-18-16

6019706 8300 SR# 20162356469

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