Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000147724 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : BERGER-SINGERMAN-LLP-MIAMI

Account Number : I20090000006

: (305)755-9500

Phone Fax Number

: (305)714-4340

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Foreign Limited Liability Company HRE/SEFIRA CYPRESS MANAGER LLC

والسوال مراقب والسواب والسوال سوالسوار	
Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155,00

S Warren

Electronic Filing Menu

Corporate Filing Menu JUN 17 2015 Help

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE POLICIWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT RUSDIOSS, INTELESTATE OF ELORIDA.

- HRE/SEFIRA CVP	RESS MANAGER LI	-					
1.	ign Limited Liability C		de "Limited Liabi	hiy Company," "L.IC	"" or "I.LC	(","	
(If name unavailable, enter al Lightlity Company," "L.L.C."	ternale name adopted for "LLC.")	ir the purpose of train	sacting business	in Florida. The alterna	te name mu	st include	"Limited
2. DELAWARE	·	3.	Applied For				
(Jurisdiction under the law company is organized)	FEI number, if applicable)						
Upon filing,							
	(Date first trans (See sections 605.	acted husiness in Fla 0904 & 605,0905, F	orida, il prior to r S. to determine i	egistration,) penalty (ighility)	1	r a eso	
5. 80 SW 8th Street, #220	•				<u>(1)</u>	iiiii	
Minmi, Florida 33130					25	دور معاد	
		Address of Principal	IΩ(fice)		THY C	Ċ,	
6. 80 SW 8th Street, #220	0				<u> </u>	Þ	111
Miami, Florida 33130							0
		(Mailing Address))		STATE	9 1	
7. Name and street address	s of Florida registered	agent: (P.O. Box	NOT acceptal	ole)		o.	
Name:	Aby Galsky						
Office Address:	15807 Biscayne Blv	d., Suite113					
	North Miami Beach			Florida 33160			
Registered agent's necept		(City)		(Zip code	=		
Having been named us reg designated in this applicat to complywith the provision accept the obligations of n	gistered agent and to lan, I hereby accept t ins of all statutes rela	he appointment as tive to the proper	s registered aga	ent and agree to act	in this cap	acity. I	further agree
	/s	/ Aby Galsky					
	Aby Galsky	(Registered ago	nt's signature)				
8. The name, title or capa	city and address of the	e person(s) who ha	s/have authority	/ to manage is/are:			
Aby Galsky, Manager, 158	·		•	•			
David Moret, Manager, 80	SW 8th Street, #2200), Miami, Florida 3	33130				
. Attached is a certificate ourisdiction under the law of the translator must be sui	f which it is organize	than 90 days old, c d. (If the cortificate	duly authenticat e is in a foreign	ed by the official hav language, a translati	ving custod on of the c	ly of rec ertificate	ords in the under anth
	/s	/ Aby Galsky					
•		Signature of an aut	thorized person				
his document is executed ubmitted in a document to	in accordance with se- the Department of Sra	ction 605,0203 (1) ite constitutes a thir Aby Galsky	(b), Florida Sta rd degree felony	itutes. I am aware that y as provided for in s	t any false .817.155,1	informe F.S.	tion
•		Typed or printed no	inic of signee				

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "HRE/SEFIRA CYPRESS MANAGER 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 SIXTEENTH DAY OF JUNE, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HRE/SEFIRA CYPRESS MANAGER LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF MAY, A.D. 2016.

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

6050544 8300 SR# 20164499201

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

JUNITRY W. HIMIOCH, Sweredary of Silate

Authentication: 202505199

Date: 06-16-16