

M16000005225

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

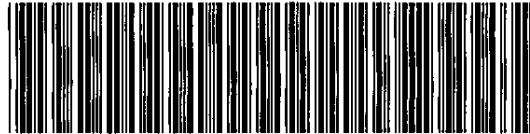
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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06/28/16--01006--017 **130.00

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2016 JUN 27 PM 11:26
TALLAHASSEE, FLORIDA

JUN 29 2016

Y SULKER

Deupi Law Group
1441 Brickell Avenue
Suite 1200
Miami, Florida 33131
Tel: (305) 350-5137

Division of Corporations
Registration Section
PO Box 6327
Tallahassee, Florida 32314

June 23, 2016

Re: SLN Management LLC ("SLN")

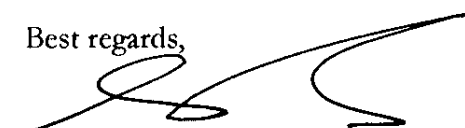
Dear Sir or Madame:

Attached please find the following documents in connection with the Application by Foreign Limited Liability Company For Authorization to Transact Business in Florida ("*Qualification Application*") of SLN:

- (i) Cover Letter;
- (ii) Qualification Application;
- (iii) Check No. 629 for \$130.00 Filing Fee and Certificate of Status; and
- (iv) Good Standing Certificate of SLN from the State of Delaware.

Thank you for your attention to this matter.

Best regards,



Lisa S. Weitz, Esq.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SLN Management LLC

SUBJECT: _____
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Carlos J. Deupi, Esq.

Name of Person

Deupi Law Group

Firm/Company

1441 Brickell Avenue, Suite 1200

Address

Miami, Florida 33131

City/State and Zip Code

carlos.deupi@deupilaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carlos J. Deupi

305

350-5137

at (_____) _____

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
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

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & 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:

1. SLN Management LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware 3. 26-4444047
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI 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)

5. 240 Crandon Boulevard, Suite 115
Key Biscayne, Florida 33149
(Street Address of Principal Office)

6. 4095 State Road 7, Suite L216
Wellington, Florida 33449
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Hascov LLC
Office Address: 240 Crandon Boulevard, Suite 115
Key Biscayne, Florida 33149
(City) (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Signature)
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Bernardo Hasbach, Manager

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

(Signature)
Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Bernardo Hasbach

Typed or printed name of signee

FILED
16 JUN 27 PM 5:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Delaware

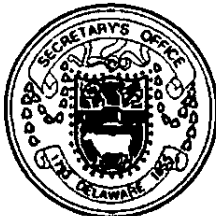
The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SLN MANAGEMENT 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 TWENTIETH DAY OF JUNE, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SLN MANAGEMENT LLC" WAS FORMED ON THE THIRD DAY OF MAY, A.D. 2007.

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



4346242 8300

SR# 20164539367

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

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 202519998

Date: 06-20-16