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SECRETARY OF STATE
TALLAHASSEEL FLORID

J. HARRIE

COVER LETTER

Registration Section Division of Corporations

TO:

		Name of	Limited Liability Company	
The enclosed " Existence, and	Application by For check are submitte	reign Limited Liability Comp ed to register the above refero	oany for Authorization to Transced foreign limited liability	ansact Business in Florida," Certificate y company to transact business in Flori
Please return a	ll correspondence	concerning this matter to the	following:	
	Andrew J. Kad	ets, Esq.		
		N	ame of Person	1 1 M 1 M 1 M 1 M 1 M 1 M 1 M 1 M 1 M 1
	Ligris & Assoc	iates PC		
		Fi	rm/Company	
	1188 Centre St	reet, Second Floor		
		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Address	
	Newton, MA 0	2459		
		City/S	tate and Zip Code	
	akadets@ligris.c	om		
		E-mail address: (to be used	for future annual report no	tification)
or further info	ormation concernin	g this matter, please call:		
Andro	ew J. Kadets		617 274-15	48
	Name (of Contact Person		rtime 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		
	heck for the follow 25.00 Filing Fee	ring amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filing Fee & Certified Copy	□ \$160.00 Filing Fee, Certificate of Status & Certified Copy



May 18, 2016

ANDREW J KADETS LIGRIS & ASSOCIATES PC 1188 CENTRE STREET, SECOND FLOOR NEWTON, MA 02459

SUBJECT: 1228 WEST LLC Ref. Number: W16000036056

We have received your document for 1228 WEST LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The certificate of existence must be issued within the last 90 days by the Secretary of State which has custody of the records in the jurisdiction under the laws of which the above listed entity is incorporated/organized.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

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.

Jenna D Harris Regulatory Specialist II

Letter Number: 116A00010564

16 JUN 30 PM 3: 28
SECRETARY OF STATE
ALLAHASSIFE FILESIFA

'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. 1228 West LLC	• .	· · · · · · · · · · · · · · · · · · ·	
(Name of For	eign Limited Liability Company; must includ	le "Limited Liability Company," "L.L.C.,"	or "LLC.")
	ulternate name adopted for the purpose of tran	sacting business in Florida. The alternate n	name must include "Limited
2 Delaware		5946223	
(Jurisdiction under the law company is organized)	ole) .		
4			
	(Date first transacted business in Flo (See sections 605.0904 & 605.0905, F	orida, if prior to registration.)	_
5. 16192 Coastal Highwa			
Lewes, DE 19958			_
	(Street Address of Principal	Office)	 -
6. 288 Washington Street	, Unit 122		ASE TO
Brookline, MA 02445			
	(Mailing Address)		—>> 3
7. Name and street addres	ss of Florida registered agent: (P.O. Box	NOT acceptable)	TE BILL
Name:	Diana Medina	<u></u> ,	
Office Address:	1662 Lincoln Court #406		28 28
	Miami Beach	, Florida 33139-2125	*
Registered agent's accep	(City)	(Zip code)	_
designated in this applica to complywith the provisi	egistered agent and to accept service of partion, I hereby accept the appointment as ons of all statutes relative to the proper of my position as registered agent.	s registered agent and agree to act in t	this capacity. I further agree
	(Registered ager	nt's signature)——	
8. The name, title or capa	acity and address of the person(s) who ha	s/have authority to manage is/are:	
Emmanuel Scibilia, Mar	nager		
288 Washington Street, U	nit 122		
Brookline, MA 02445			
	of existence, no more than 90 days old, of which it is organized. (If the certificate abmitted)		
	Signature of an aut	thorized person	_
	ŭ	·	
	I in accordance with section 605.0203 (1) the Department of State constitutes a thin		

Typed or printed name of signee

Emmanuel Scibilia

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "1228 WEST 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-SEVENTH DAY OF JUNE, A.D. 2016.

5946223 8300

Authentication: 202560624

Date: 06-27-16