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JUL 1 9 2016



July 12, 2016

MARINA COPPENS 1800 NE 171 STREET NORTH MIAMI BEACH, FL 33162

SUBJECT: LADAESTATE LLC Ref. Number: W16000048386

We have received your document for LADAESTATE LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Stacey M Warren Regulatory Specialist II

Letter Number: 316A00014582

COVER LETTER

	ration Section on of Corporations
SUBJECT:	Ladaestate LLC
	Name of Limited Liability Company
	application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of heck 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:
	MARINA COPPENS Name of Person
	Name of Person
	MB COPPENS ACCOUNTING INC.
	1800 NE 171 SHect
	Address
	North Miami Bead, FL 33/62 City/State and Zip Code marina @ mbcoppens. com
	City/State and Zip Code
	marina @ mbeoppens. com
	E-mail address: (to be used for future annual report notification)
For further info	rmation concerning this matter, please call:
	MARINA COPPENS at 305 947-1412 Name of Contact Person Area Code Daytime Telephone Number
	Name of Contact Person Area Code Daytime Telephone Number
Divisio Registi P.O. B	ING ADDRESS: on of Corporations Division of Corporations ration Section Example Section Clifton Building Example Section Clifton Building Example Section Clifton Building Example Section Clifton Building Example Section Tallahassee, FL 32301
	eck for the following amount: 5.00 Filing Fee \$\simega\$

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 LIA COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	BILITY
Ladaestate 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.")	i
9-10-11-12-12-12-12-12-12-12-12-12-12-12-12-	
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)	
company is organized) 5. 2016	
(Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine regulty liability)	
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 5. /445 Marseille Drive	
Miami Beach, FL 33/4/39 37	
6 (Street Address of Principal Office) 1445 Marseille Drive	
Miami Bead, FL 33141 混 a m	
(Mailing Address)	
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	
Name: Nataliya Koroleva Sm 3 Office Address: 1445 Marseille Drive	_
Office Address: 1445 Marseille Drive	."
Office Address: Miani Beach, Florida 33/4/ (City) (Zip code)	
(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 process for the above stated liability company at the process for the above stated liability company at the process for the above stated liability company at the process for the above s	agree
8. The name title or canacity and address of the person(s) who has have authority to manage is/are:	
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Nataliya KORO LEVA, M6RM	
Natar Ja Rozotton, Trans	
<u> </u>	ı
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in jurisdiction under the law of which it is organized. (If the certificate is it a foreign language, a translation of the certificate under of the translator must be submitted) Signature of ar authorized person	
This document is executed in accordance with section 605\0203\(\rm 1\) (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. WATAIYA KOROLEVA	
Typed or printed name of signee	

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "LADAESTATE 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 NINETEENTH DAY OF JULY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LADAESTATE LLC"

WAS FORMED ON THE FOURTEENTH DAY OF JUNE, A.D. 2016.

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

THE STATE OF THE S

6068568 8300 SR# 20164973299 Authentication: 202681978

Date: 07-19-16