

M16000008528

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

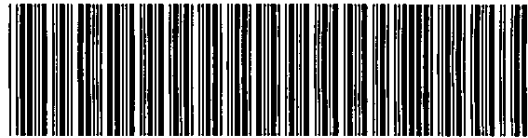
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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16 SEP 14 PM 4:38

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
\$160.00



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 14, 2016

NICOLAS LAMPARIELLO, ESQ  
LAMPARELLO LAW GROUP, PA  
150 S PINE ISLAND ROAD STE 220  
PLANTATION, FL 33324

SUBJECT: 2016 ROI FINANCING LLC  
Ref. Number: W16000070493

We have received your document for 2016 ROI FINANCING LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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), Authorized Person (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.

Shelia H Young  
Regulatory Specialist II

Letter Number: 516A00022191

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TALLAHASSEE, FLORIDA  
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# LAMPARIELLO LAW GROUP

150 S Pine Island Rd, Ste. 220, Plantation, FL 33324  
Phone (954) 628 - 3579 Email: [pleadings@lwpalaw.com](mailto:pleadings@lwpalaw.com)

October 21, 2016

Attn: Shelia Young  
Regulator Specialist  
Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Foreign LLC Registration Packet  
Document Number W16000070493  
Foreign Entity Name: 2016 ROI FINANCING LLC

RECEIVED  
2016 OCT 24 PM 3:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dear Ms. Young:

Please find attached to this correspondence the corrected application for the registration of foreign limited liability company. I spoke with one of your colleagues on October 21, 2016, and she advised that the original application packet failed to identify the capacity of the parent company and managing member, ROI Financing Pool 2, LLC. The attached corrected application correctly identified the Managing Member of 2016 ROI FINANCING LLC in Section 8.

If you have any questions or require any additional information, please feel free to contact me directly at (954) 621-0016 or via email at [josh@lawllg.com](mailto:josh@lawllg.com).

Thank you for your time and assistance with this matter.

Sincerely,

  
Joshua Christensen, Esq.  
Lampariello Law Group, P.A.

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TALLAHASSEE, FLORIDA  
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Enclosures- Corrected Application

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** 2016 ROI FINANCING LLC

\_\_\_\_\_  
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:

NICOLAS LAMPARIELLO, ESQ.

\_\_\_\_\_  
Name of Person

LAMPARIELLO LAW GROUP, PA

\_\_\_\_\_  
Firm/Company

150 S. PINE ISLAND ROAD, STE. 220

\_\_\_\_\_  
Address

PLANTATION, FL 33324

\_\_\_\_\_  
City/State and Zip Code

PLEADINGS@LAWLLG.COM

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

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TALLAHASSEE, FLORIDA  
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For further information concerning this matter, please call:

JOSHUA CHRISTENSEN, ESQ.

954

628-3579

\_\_\_\_\_  
Name of Contact Person

at (\_\_\_\_\_) \_\_\_\_\_  
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. 2016 ROI FINANCING 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. 81-4112782  
(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. 3495 NE 163rd STREET  
NORTH MIAMI BEACH, FL 33160  
(Street Address of Principal Office)

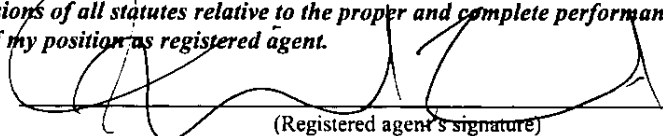
6. 3495 NE 163rd STREET  
NORTH MIAMI BEACH, FL 33160  
(Mailing Address)

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

Name: NICOLAS LAMPARIELLO, ESQ.  
Office Address: 150 S. PINE ISLAND ROAD , Ste. 220  
PLANTATION, Florida 33324  
(City) (Zip code)

**Registered agent's acceptance:**

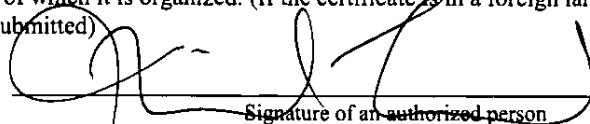
*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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.*

  
(Registered agent's signature)

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

ROI FINANCING POOL 2, LLC Capacity = Managing Member  
3495 NE 163rd STREET  
NORTH MIAMI BEACH, FL 33160

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 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.

NICOLAS LAMPARIELLO  
Typed or printed name of signee

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TALLAHASSEE, FLORIDA  
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# Delaware

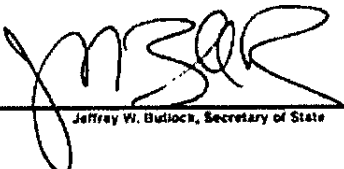
The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "2016 ROI FINANCING 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 TWELFTH DAY OF SEPTEMBER, A.D. 2016.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 SEP 14 PM 4:38



  
Jeffrey W. Bullock, Secretary of State

6145395 8300

SR# 20165736535

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 202975081

Date: 09-12-16

State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 12:18 PM 09/08/2016  
FILED 12:18 PM 09/08/2016  
SR 20165698689 - File Number 6145395

**STATE of DELAWARE  
LIMITED LIABILITY COMPANY  
CERTIFICATE of FORMATION**

First: The name of the limited liability company is 2016 ROI FINANCING LLC

Second: The address of its registered office in the State of Delaware is \_\_\_\_\_

310 ALDER RD., PO BOX 841 in the City of DOVER

Zip code 19904. The name of its Registered agent at such address is  
AGENTS FOR DELAWARE CORPORATIONS, INC.

Third: (Use this paragraph only if the company is to have a specific effective date of dissolution: "The latest date on which the limited liability company is to dissolve is \_\_\_\_\_.")

Fourth: (Insert any other matters the members determine to include herein.)

In Witness Whereof, the undersigned have executed this Certificate of Formation this

8TH day of SEPTEMBER, 2016.

By: [Signature]  
Authorized Person (s)

Name: KARIN SLACUM

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA