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TO: Registration Section Division of Corporations
SUBJECT:
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:
Clfa De Loi Santos Est. Name of Person
Fortune Firm/Company
Firm/Company
1300 Brickell Avenue
Miami Pl 33131
Minmi Fl 33131 City/State and Zip Code Olya O fortune: Mt yo'p Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (305) 351-1000 Area Code Daytime Telephone Number
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301Tallahassee, FL 32301
Enclosed is a check for the following amount: \$125.00 Filing Fee \$\Box\$ \$130.00 Filing Fee & \$\Box\$ \$155.00 Filing Fee & \$\Box\$ \$160.00 Filing Fee, Certificate Certificate of Status Certified Copy of Status & Certified Copy

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

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COMPANY TO TRANSACT BUS	ION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILIT INESS IN THE STATE OF FLORIDA:
	SJNNY IS LA VERTURE LLC." or "LLC.")
1 (Name of Foreig	gn Limited Liability Company; must include "Limited Liability Company." "L.L.C.," or "LLC.")
	SVNNY <u>FELS</u> VENTURE FL, LLC ernate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited
Liability Company," "L.L.C,"	or "LLC.")
2 <u>.</u> De	AVACE 3 (FEI number. if applicable)
(Jurisdiction under the law of company is organized)	f which foreign limited liability (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)
. 1300 1	Brickell Avenue
man	<u>N H 33131</u>
	(Street Address of Principal Office)
6	
	(Mailing Address)
7. Name and street address	of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)
Name:	Olpa de los santos 500
	1300 Brickell Avenue
Office Address:	
	MiAmi . Florida <u>33131</u>
Registered agent's accepta	(City) (Zip code)
Having been named as regi	istered agent and to accept service of process for the above stated limited liability company at the place
designated in this application to comply with the provision of the termination of terminati	on, I hereby accept the appointment ds registred agent and agree to act in this capacity. I further agree ns of all statutes relative to the proper and complete performance of my duties, and I am familiar with a
accept the obligations of m	y position as resistered gen
	MARCE
-	(Fegistered agent's signature)
8 The name_title or canac	ity and address of the person(s) who has/have authority to manage is/are:
$\Delta \subset \mathcal{L}$	
CF SJNNY	
a M	iorida LLC.
0 Attached is a contificate o	
jurisdiction under the law of	of existence, no more than 90 days old, daly authenticated by the official having custody of records in the f which it is organized (if the certificate is in a foreign language, a translation of the certificate under oath
of the translator must be sub	omitted)
	yyet
-	Signature of an authorized person
This document is executed i	in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information
submitted in a document to t	the Department of Store constitutes a third degree felony as provided for in s.817.155, F.S.
_	1 All Peter
	Typed or printed name of signee



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Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SUNNY ISLES VENTURE 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 OCTOBER, A.D. 2016.

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



ITTY W. Butlock, S ev of State

Authentication: 203235454 Date: 10-27-16

5387382 8300

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SR# 20166385804 You may verify this certificate online at corp.delaware.gov/authver.shtml