1412000000243

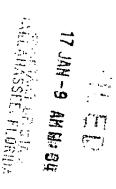
(Req	uestor's Name)				
(Add	ress)				
(Add	lress)				
(City	/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bus	siness Entity Nar	me)			
(Document Number)					
Certified Copies	Certificates	s of Status			
Special Instructions to F	Filing Officer:				
		i			

Office Use Only



500293572045

01/05/17--01012--017 **130.00



JAN 1 0 2017 Y SULKER



January 6, 2017

MAHIR MURSHED 18051 S TAMIAMMI TRAIL FORT MYERS, FL 33908 US

SUBJECT: MAAS SPRINGS RESORT, LLC

Ref. Number: W17000001184

We have received your document for MAAS SPRINGS RESORT, 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):

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).

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.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 517A00000359

COVER LETTER

TO:	Registration Section
	Division of Corporation

SUBJECT:	MAAS Springs Res	sort, LLC				
JOBULE 1.		Name of	Limited Liability (Company		
		reign Limited Liability Comp ed to register the above refer				
Please return	all correspondence	concerning this matter to the	following:			
	Mahir Murshed	d				
		N	ame of Person			
		Fi	irın/Company			
	18051 S Tamia	ami Trail				
			Address			
	Fort Myers, FL	. 33908				
		City/S	tate and Zip Code			
	mahir@muntrad	ing.com				
		E-mail address: (to be used	d for future annual	report not	ification)	
For further in	nformation concernir	ng this matter, please call:				
Ma	hir Murshed		239 at (565-85	83	
	Name o	of Contact Person	Area Code	Day	time 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				
	a check for the follow \$125.00 Filing Fee	ving amount: \$\infty \text{\$1}30.00 \text{ Filing Fee & Certificate of Status}	□ \$155.00 Filir Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Ce of Status & Certified Cop	

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

COMPANY TO TRANSACT BU	HON 605.0902, FLORIDA STATU. ISINESS IN THE STATE OF FLORI		JWING IS SUBMITITED TO RE	JIJIEK A	FUKEKIN	LIMITE	JI LIADILIT
1. MAAS Springs Resort.	LLC eign Limited Liability Company;			100	*****		
MAAS Springs Resort, L.		must include "Li	imited Liability Company, "L	.L.C., 01	r "LLC.")		
	ternate name adopted for the purp	nose of transacti	ng business in Florida. The alt	ernate na	me must inc	rlude "I	imited
Liability Company," "L.L.C,		pose or transacti	l o l o	/	1		
2. Delaware		3. 8	51-4847	516	9		
(Jurisdiction under the law company is organized)	of which foreign limited liability		(FEI number, if a	pplicable	;)		_
4	(Date first transacted bus	siness in Florida	, if prior to registration.) o determine penalty liability)		_		
5. 18051 S Tamiami Trai			determine penany naomy)				
Fort Myers, FL 33908					_		
2221 Dal D J. DI. 10	(Street Address	of Principal Offi	ice)				
6. 2231 Del Prado Blvd S					_		
Cape Coral, FL 33990					₹.		
_	(Maili	ng Address)			_	17	
7. Name and street addres	s of Florida registered agent:	(P.O. Box NC	OT acceptable)			Ä	
Name:	Michael J. Rich				200 X	up up	425 q.W.
Office Address:	2045 McGregor Blvd				m _i .	3	
	Fort Myers		, Florida _33901		3	8. 8.	
designated in this applicate to complywith the provision to the complywith the provision to the comply with the provision to the complex and the complex are the complex and the complex are t	gistered agent and to accept stion, I hereby accept the appoons of all statutes relative to to my position as registered agen	service of proc pintment as reg the proper and	ess for the above stated lim gistered agent and agree to complete performance of i	act in th	us capacit	y. I fu	rther agree
8. The name, title or capa	acity and address of the person	ı(s) who has/ha	we authority to manage is/a	re:			
Mahir Murshed	MGR					_	
18051 S Tamiami Trail						_	
Fort Myers, FL 33908						_	
	16 01	e certificate is	in a foreign language, a tran				
	Signat	nuke of an author	ized person		_		
This document is executed submitted in a document to	I in accordance with section 60 the Department of State cons)5.0203 (1) (b)	, Florida Statutes. I am awai	e that an	ny false info 7.155, F.S.	ormatic	on

Typed or printed name of signee

Mahir Murshed

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "MAAS SPRINGS RESORT, 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 SIXTH DAY OF JANUARY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MAAS SPRINGS

RESORT, LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF DECEMBER, A.D.

2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

at coro delaware gov/auth

Authentication: 201830983

Date: 01-06-17