# M1700001560

(Re	questor's Name)	
(Add	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	∋ #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
W/100013	748	

Office Use Only



300295403713

02/14/17--01021--004 \*\*125.00

2017 FEB 22 A 9:25

D. BRUCE FEB 23 2017



## FLORIDA DEPARTMENT OF STATE Division of Corporations

February 16, 2017

TIMOTHY C. CAMAS 2121 SW 36 AVENUE FORT LAUDERDALE, FL 33312

SUBJECT: 74 FISKE LLC Ref. Number: W17000013748

We have received your document for 74 FISKE LLC and your check(s) totaling \$125.00. However, the document has not been filed and is being retained in this office for the following:

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 to days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please Sall (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 617A00003103

## **COVER LETTER**

Division of Corporations
SUBJECT: 74 FISKE LLC
SUBJECT: // FISKE 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:
TIMOTHY C. CAMAS  Name of Person
74 FISKE LLC Firm/Company
Firm/Company
2121 5H 36 AVENUE
Address
FORT LAUDERDALE, FL 33312  City/State and Zip Code
TYKISICELLC @ GNATL, COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
TIMOTHY C CAMAS = 954 , 288-9387 3
Name of Contact Person Area Code Daytime Telephone Number
MAILING ADDRESS: STREET ADDRESS:
Division of Corporations  Registration Section  Division of Corporations  Registration Section
P.O. Box 6327 Clifton Building
Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount:  A \$125.00 Filing Fee

## 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 LIABILIA COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1
(Name of Poleign 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. WYOMTNG— (Jurisdiction under the law of which foreign limited liability  3. 81-4719951  (FEI number, if applicable)
COMDANY IS OFGRANZED
4. (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
s. C/O TIMOTHY C. CAMAS
5. C/O TIMOTHY C. CAMAS  LIZI SW36 AVENUE FORT LAUNEDALE, FL 333/2  (Street Address of Principal Office)
6. Street Address of Principal Office)
SAME AS #5
SAME A5 # 5 (Mailing Address)
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: TTMOTHY C. CAMAS
Office Address: 2121 SW 36 AVENUE
FORT LAUVELDALE, Florida 333/2 (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 complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with a accept the obligations of my position as zegistered 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:
TIMOTHY C. CAMAS
PRESTIENT
21215W36 AVENUE, FORT LAUDGEDALE, FL 33312.
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 aythorized 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.
TIMOTHY C. CAMAS
Typed or printed name of signee

## STATE OF WYOMING Office of the Secretary of State

I, ED MURRAY, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

#### 74 Fiske LLC

is a Limited Liability Company

formed or qualified under the laws of Wyoming did on **December 18, 2016**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2016-000736072**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 22nd day of February, 2017 at 3:21 PM. This certificate is assigned 022296830.

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.