# 1117000001631

(Req	uestor's Name)			
(Addı	ress)			
(Addi	ress)	·····		
(City/	State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Busi	ness Entity Nar	me)		
(Da				
(1)	ument Number)			
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



000295789110

SECRETARY OF STAUT

017 FEB 24 AM 8: 3

TA FEB 24 PH 1:5

K. SALY FEB 27 2017 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

1

ACCOUNT	NO.	:	I20000000195

REFERENCE : 523284 4370848

AUTHORIZATION : \_

COST LIMIT : \$\frac{1}{25}.00

· ORDER DATE : February 24, 2017

ORDER TIME : 1:07 PM

ORDER NO. : 523284-005

CUSTOMER NO: 4370848

#### FOREIGN FILINGS

NAME: MANA MIAMI MANAGEMENT, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER:

#### COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJI	MANA MIAMI MANAGEMENT, LLC					
Name of Limited Liability Company						
	closed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate o ce, 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:					
	FRAN MULNICK PARKER					
	Name of Person					
THE LAW OFFICES OF FRAN MULNICK PARKER, PC						
Firm/Company						
	888 NEWARK AVENUE					
	Address					
	JERSEY CITY, NJ 07306					
	City/State and Zip Code					
	FRAN@FMPARKERLAW.COM					
	E-mail address: (to be used for future annual report notification)					
For fur	ther information concerning this matter, please call:					
	FRAN MULNICK PARKER 212 647-7392					
	Name of Contact Person 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 32301					
Enclos	ed is a check for the following amount:  \$\Boxed{\topsigma} \\$ \\$ \\$ \\$ \\$ \\$ \\$ \\$ \\$ \\$ \\$ \\$ \\$					

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

IN COMPILANCE 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.

	SINESS INTHE STATE OF FLORIDA:		
1. MANA MIAMI MANA (Name of For	eign Limited Liability Company; must inc	lude "Limited Liability Company." "L.L.C"	or "LLC.")
(16	1	2 1 2 2 11 2 19 1	
Liability Company," "L.L.C.		ransacting business in Florida. The alternate n	ame must include "Limited
2. DELAWARE	3	46-508745	
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicab	le)
4.			
•	(Date first transacted business in (See sections 605.0904 & 605.0905	Florida, if prior to registration.) F.S. to determine penalty liability)	
5. c/o MANA WYNWO	OD, 318 NW 23rd Street, Miami, Flor		<b>ئ</b>
			MITEB 24
	(Street Address of Princi	pal Office)	- 64 FF
6 c/o MANA WYNWOO	DD, 318 NW 23rd Street, Miami, Flori		是 2 厂
	·		
	(Mailing Addre	.ss)	大
7 Nome and street address	ss of Florida registered agent: (P.O. B	,	32. <b>3</b>
	Corporation Service Company	ox <u>NOT</u> acceptable)	
Name:		The state of the s	
Office Address:	1201 Hays Street		
	Tallahassee	, Florida 32301 (Zip code)	
Registered agent's accep	(City)	(Zip code)	
		of process for the above stated limited lia	bility company at the place
designated in this applica	tion, I hereby accept the appointment	t as registered agent and agree to act in i	his capacity. I further agree
accept the obligations of	ons of an statutes relative to the prop. my position as registered agent. Corporation Service Company	er and complete performance of my duti Melissa Z	· · · · · · · · · · · · · · · · · · ·
	By:	Asst. Vice I	
		gen's signature	<u> Lesiuciii</u>
8. The name, title or capa	acity and address of the person(s) who	has/have authority to manage is/are:	
Moishe Mana, Member	,	the state of the s	
COMANA WYNWOOI	D, 318 NW 23rd Street, Miami Floric	12 23127	
COMMIN WINWOOD	5, 516 NW 251d Street, Milanii Fioric	14 33127	
9. Attached is a certificate	of existence, no more than 90 days of	d, duly authenticated by the official havin	g custody of records in the
jurisdiction under the law of the translator must be so	of which it is organized. (If the certification)	ate is in a foreign language, a translation	of the certificate under oath
	4		
	Signature of an	authorized person	_
This document is executed	_	(1) (b), Florida Statutes. I am aware that a	ny falsa information
submitted in a document to	the Department of State constitutes a	third degree felony as provided for in s.81	7.155, F.S.
	Moishe Mana		

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 "MANA MIAMI MANAGEMENT, LLC" IS DULY

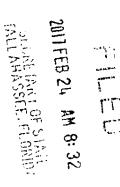
FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE TWENTY-FOURTH DAY OF FEBRUARY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MANA MIAMI MANAGEMENT, LLC" WAS FORMED ON THE ELEVENTH DAY OF MARCH, A.D. 2014.

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





5496189 8300 SR# 20171226218 Authentication: 202093626

Date: 02-24-17

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