M1700003362

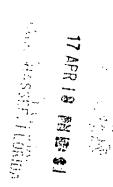
	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #	¥)
PICK-UP	P WAIT	MAIL
	(Business Entity Name	e)
	(Document Number)	
Certified Copies	Certificates o	of Status
Special Instructions	s to Filing Officer:	
		or Status

Office Use Only



200297483142

04/03/17--01039--009 **125.00



APR 2 0 2017 Y SULKER

11117 - 28917



April 5, 2017

DAVID S LOEWY 2200 GULFVIEW RD PUNTA GORDA, FL 33950 US

SUBJECT: PROPERTY MANAGEMENT AND DEVELOPMENT, LLC

Ref. Number: W17000028917

We have received your document for PROPERTY MANAGEMENT AND DEVELOPMENT, LLC and your check(s) totaling \$125.00. 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).

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.

Letter Number: 717A00006535

Yasemin Y Sulker Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: PROPERTY MANAGEMENT AND DEVELOPMENT, 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:
DAVIS S LOEWY Name of Person
Name of Person
Firm/Company
2200 GULFVIEW RB Address
Address
PUNTA GORBA, FI 33950 City/State and Zip Code
City/State and Zip Code
TDL4138 @ AOL. COM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
DAVIS LOEWY at (941) 8778838
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: \$\Bigcup \frac{1}{2} \frac{125.00}{2} \frac{1}{2} \frac{130.00}{2} \frac{1130.00}{2}

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. PHOPERTY INANAGEMENT AND DEVELOPMENT, 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. WASHING TON STATE (Jurisdiction under the law of which foreign limited liability company is organized) 3. (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. 2200 GULIVIEW R8 PUNTA GORBA, F1. 33950 (Street Address of Principal Office)
6. ZZOO GULFVIEW RO
PUNTA GORBA, FI 33950 (Mailing Address) 7. Name and attract address of Florida resistant departs (R.O. Rev. NOT accordable). CARLA FILEMAN ESO
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) GARY 1. FILEMAN, ESQ Name: 301 West MARION AWENUE #1308
Office Address: Punta GORDA, Florida 33950 (City) (Zip code)
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 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:
DAVID S. LOEWY, MGR - 2200 SULFWEW Rd., PWM GORDA, FI 3345
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. DAUIS S. LOEWY

Typed or printed name of signee



Secretary of State

State of Washington and c

I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

PROPERTY MANAGEMENT AND DEVELOPMENT, LLC

I FURTHER CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 12/6/2011.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest and penalties owed to this state and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Date: February 28, 2017

UBI: 603-163-594

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

→ #32.4.3

Kim Wyman, Secretary of State



11:11: 11: E