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SECRETARY OF STATE

HARRIS

## CORPORATE ACCESS, \_

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INC.

236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

### **WALK IN**

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	хх	CERTIFIED COPY	
		РНОТОСОРУ	
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	xx	FILING	LLC
1.		NAPLES 7 POOH, LLC (CORPORATE NAME AND DOCUMENT	Γ#)
2.		(CORPORATE NAME AND DOCUMENT	Γ#)
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4.		(CORPORATE NAME AND DOCUMENT	Γ#)
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6.		(CORPORATE NAME AND DOCUMENT	Γ#)
SP	ECIA	L INSTRUCTIONS:	

#### **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT:	NAPLES 7 POOH, LLC								
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The enclosed "A Existence, and ch	pplication by For seck are submitte	eign Limited Liability Comp d to register the above refere	eany for Authoriza enced foreign limit	tion to Tra ted liability	nsact Business in Florida," C company to transact busines	ertificate of s in Florida			
Please return all	correspondence o	concerning this matter to the	following:						
		Danie	l F. Sullivan						
	Name of Person								
c/o MANHATTAN SKYLINE MANAGEMENT CORP.									
Firm/Company									
101 WEST 55TH ST.									
Address									
NEW YORK, NY 10019									
City/State and Zip Code									
***	DSULLIVAN@MSKYLINE.COM								
E-mail address: (to be used for future annual report notification)									
For further inform	nation concerning	g this matter, please call:							
Daniel 1	F. sullivan		212- _at (	408-066	05				
	Name o	f Contact Person	Area Code	Day	time Telephone Number				
Division Registra P.O. Bo	NG ADDRESS: of Corporations tion Section x 6327 see, FL 32314			Division of Registratic Clifton Box 2661 Exergistratic Clifton Box 2661 Exergistration of the Property of the	ADDRESS: of Corporations on Section uilding cutive Center Circle ec, FL 32301				
Enclosed is a che ☐ \$125.	ck for the follow 00 Filing Fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	S155.00 Filin Certified Copy	ig Fee &	■ \$160.00 Filing Fee, Certion of Status & Certified Copy	ificate			

### 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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA: NAPLES 7 POOH, 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.") **DELAWARE** 82-1395304 (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) (Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 101 WEST 55TH STREET, NEW YORK, NY 10019 101 WEST 55TH STREET, NEW YORK, NY 10019 (Street Address of Principal Office) (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) National Registered Agents, Inc. Name: 1200 South Pine Island Road Office Address: Plantation \_\_, Florida 33324 Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation 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 comply with 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. 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/a Donald Zucker Managing Member 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 (In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.) Daniel F. Sullivan, Authorized Person

Typed or printed name of signee

# Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "NAPLES 7 POOH, 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 NINTH DAY OF MAY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NAPLES 7 POOH, LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF APRIL, A.D. 2017.

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

6387667 8300

SR# 20173256816

Authentication: 202507746

Date: 05-09-17

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