# M17000004604

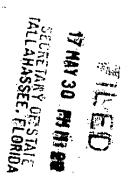
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#### FLORIDA DEPARTMENT OF STATE Division of Corporations

May 17, 2017

BEN-LEIP LLC 18851 NE 29TH AVE SUITE 402 AVENTURA, FL 33180

SUBJECT: BEN-LEIP LLC Ref. Number: W17000042211

We have received your document for BEN-LEIP 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):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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: 917A00009929

#### **COVER LETTER**

TO:

Registration Section

Division o	f Corporation	S				
SUBJECT:	В	en-Leip LLC	<del></del>			
		Name of I	Limited Liability (	Company		
The enclosed "Appl Existence, and chec	lication by For k are submitte	eign Limited Liability Comp d to register the above refere	any for Authoriza	tion to Tra ted liability	insact Business in Florida," ( company to transact busine	Certificate of ess in Florida
Please return all cor	rrespondence o	oncerning this matter to the	following:			
-		Na	ame of Person			
E	3en-Le	ip LLC				
		Fi	rm/Company			
_	18851	NE 29th Ave	Suite 4	02		
			Address			
<u> </u>	4ventu	ra, FL 33180				
		•	ate and Zip Code			
ir	nfo@m	astermiami.c	om			
-		E-mail address: (to be used	for future annual	report not	ification)	
For further informa	tion concernin	g this matter, please call:				
Rube	en Kau	fman	_at ( <u>305</u>	,932	2-0122	
	Name o	f Contact Person	Area Code	Day	time Telephone Number	
Division o Registration P.O. Box 6				Division Registrati Clifton B 2661 Exe	CADDRESS: of Corporations ion Section uilding ecutive Center Circle ee, FL 32301	
Enclosed is a check	for the follow Filing Fee	ing amount:  ☐ \$130.00 Filing Fee &  Certificate of Status	☐ \$155.00 Filit Certified Copy	ng Fee &	□ \$160.00 Filing Fee, Cer of Status & Certified Copy	

### 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. Ben-Leip LLC	Limited Lightlity Company, must include	"Limited Liability Company," "L.L.C.," or "LLC	<del></del>			
Ben-Leip Miami L	LC					
(If name unavailable, enter alternate r	name adopted for the purpose of transacting busine	ess in Florida. The alternate name must include "Limited I	Liability Company," "L.L.C," or "LLC.")			
2. Delaware  Ourisdiction under the law of w	hich foreign limited liability company is organized	3	mber, if upplicable)			
(52.152.110.12.110.111.110.	The control of the co	, (	,			
4	(Date first transacted business in Florida, if	prior to registration.)				
400E4 NE 0016 A	(Date first transacted business in Florida, if (See sections 605.0904 & 605.0905, F.S. to		Cuite 400			
5. 18851 NE 29th Ave. Suite 402 (Street Address of Principal Office)			18851 NE 29th Ave. Suite 402 (Mailing Address)			
Aventura, FL 33180		Aventura, FL 33180	)			
7. Name and street address Name:	ss of Florida registered agent: (P.C.	). Box NOT acceptable)				
Office Address:	18851 NE 29th Ave. Suit	e 402				
	Aventura	, Florida 33180				
Registered agent's accep	(City)	(Zip c	ode) Err S			
and accept the obligation	s of my position as registered describe	oroper and complete performance of ment.  agent's signature)  who has/have authority to manage is/are:	SIAIIBA			
Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:			
MGR	Verco Management L	LC				
	18851 NE 29th Ave. Suite 402 Aventura, FL 33180	<del></del>				
	1	<del></del>				
	<u> </u>					
(Use attachments if neces	ssary)					
	of which it is organized (16the caubmitted)	s old, duly authenticated by the official tificate is in a foreign language, a transl				
10. This document is even		\ 5.0203 (1) (b), Florida Statutes. I am aw	are that any false information			
submitted in a document to	o the Department of State constitute	es a third degree felony as provided for i	n s.817.155, F.S.			
	Ţ.	Ruben Kaufman				

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 "BEN-LEIP 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 SECOND DAY OF MAY, A.D. 2017.

5931598 8300

SR# 20172988327

Authentication: 202469545

Date: 05-02-17

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