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(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
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## FLORIDA DEPARTMENT OF STATE Division of Corporations

May 10, 2017

ANDREA FIOCCHI, ESQ 44 WALL ST, 10TH FLOOR NEW YORK, NY 10005

SUBJECT: MR. C COCONUT GROVE LLC

Ref. Number: W17000040362

We have received your document for MR. C COCONUT GROVE LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

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.

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

Octavia I Simmons Regulatory Specialist II

Letter Number: 217A00009350

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· Resibnission

### **COVER LETTER**

10.	Division of Corporations				
SUBJE					
	Name of L	Limited Liability C	ompany		
The en-	closed "Application by Foreign Limited Liability Compice, and check are submitted to register the above refere	any for Authorizat need foreign limite	ion to Transact Business in Florida," Certificate of ed liability company to transact business in Florida		
Please	return all correspondence concerning this matter to the	following:			
	Andrea Fiocchi, Esq.				
	Name of Person				
	Reinhardt LLP				
Firm/Company					
	44 Wall Street, 10th Floor				
	Address				
	New York, NY 10005				
City/State and Zip Code					
jc@reinhardtllp.com					
E-mail address: (to be used for future annual report notification)					
For fur	ther information concerning this matter, please call:				
•	John Lovejoy	212 at (	710-0970		
	Name of Contact Person	Area Code	Daytime Telephone Number		
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		
Enclos	ed is a check for the following amount:  \$\Begin{align*} \Boxed{1} \\$125.00 \text{ Filing Fee} & \Boxed{2} \\$125.00 \text{ Filing Fee} & \text{ Certificate of Status} \end{align*}	S155.00 Filin Certified Copy	g Fee & \$160.00 Filing Fee, Certificate of Status & Certified Copy		
	Cheek received M	ay 10, 7	2017		

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

IN COMPLIANCE WITH SECTION 603.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO RECESTER A FUREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: L Mr. C Coconut Grove LLC (Name of Poreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "[L.C."] (if name unavailable, easer atternate camps adopted for the purpose of transported Provide. The atternate power more factors "Linded Liability Company," "L.L.C." or "LLC.") 2. Delaware (lurisdiction under the law of which foreign limited liability company is organized) (FEI sumber, if applicable) (Date first trauncted business in Florids, If prior to registration.) (See sections 1415.0904 & 605.0905, P.S. in determine possity liability) 5. Cipriani 42nd Street 6, c/o Reinhardt LLP (Sures Address of Principal Office) (Medica Address 110 E 42nd St. 44 Wall St. 10th Floor New York, NY 10017 New York, NY 10005 7. Name and girect neidress of Florida registered agent: (P.O. Box NOT acceptable) , COGENCY GLOBAL INC 115 North Calhoun St. Suite 4 Office Address: Tallahassee , Plorida 32301 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 piece designated in this application, I hereby except 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. SALGLOGUME KLABAGA (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Manager Ignazio Cipriani of Reinheidl LLP 44 Wall Bt. 100x FT New Yerk, NY 10005 (Use attachments if necessary) 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 Oreign, tanguage, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I'am aware that any false information

Typed or primed name of signed

submitted in a document to the Department of State constitutes a third degree felony as provided for in #.817.155, F.S.

Ignazio Cipriani

Page 1

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "MR. C COCONUT GROVE 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-SECOND DAY OF MAY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MR. C COCONUT GROVE LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF MARCH, A.D. 2017.

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

Authentication: 202577119

Date: 05-22-17

6361978 8300 SR# 20173815027