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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
ALLAHASSEE FI OFFICE

IN PARKETS

COVER LETTER

TO:	Registration Section
	Division of Corporations

Setai Miami Beach 2907, 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:

Thomas Sherman	
Name of Person	
Setai Miami Beach 2907, LLC	
Firm/Company	
90 ALmeria Avenue, Suite 204	
Address	
Coral Gables, Florida 33134	
City/State and Zip Code	

marthas@easternfinancialmortgage.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thomas Sherman

305

444-4508

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

Enclosed is a check for the following amount:

□ \$125.00 Filing Fee □ \$130.00 Filing Fee & Certificate of Status

Fee & State State

□ \$160.00 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE **Division of Corporations**

June 1, 2017

THOMAS SHERMAN 90 ALMERIA AVENUE SUITE 204 CORAL SPRINGS, FL 33134

SUBJECT: SETAI MIAMI BEACH 2907, LLC Ref. Number: W17000041032

We have received your document for SETAI MIAMI BEACH 2907, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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.

Jenna D Harris Regulatory Specialist II

Letter Number: 017A00011036



May 12, 2017

THOMAS SHERMAN 90 ALMERIA AVENUE SUITE 204 CORAL SPRINGS, FL 33134

SUBJECT: SETAI MIAMI BEACH 2907, LLC

Ref. Number: W17000041032

We have received your document for SETAI MIAMI BEACH 2907, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

- The form you submitted is for a FOREIGN CORPORATION, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s).
- Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Jenna D Harris Regulatory Specialist II

Letter Number: 617A00009573

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:

	, , ,	d Liability Company," "L.L.C.," or "LLC.")
name unavailable, enter alternate na	ame adopted for the purpose of transacting business in Flor	rida. The alternate name must include "Limited Li	ability Company," "L.L.C," or "LLC.")
Delaware		_{3.} <u>81-4786150</u>	
(Jurisdiction under the law of wh	hich foreign limited liability company is organized)	(FEI nun	iber, if applicable)
January, 2017			
	(Date first transacted business in Florida, if prior to r (See sections 605.0904 & 605.0905, F.S. to determine	registration.) ne penalty liability)	
90 Almeria Ave # 204		6. 90 Almeria Ave #20	
(Street Address of Principal Office) Coral Gables, Florida 33134		Coral Gables, Florid	•
Coral Gables, Flo	11ua 33 134	Coral Gables, Florid	a 55 154
			
Name and street address	ss of Florida registered agent: (P.O. Box	NOT accentable)	
Name and street addres	,	NOT acceptable)	Z emm
Name:	Thomas Sherman	av	338 9
Office Address:	90 Almeria Avenue		
	Coral Gables	, Florida 33134	Ser
•	(City)	, Florida OO 104	
comply with the provisi	tion, I hereby accept the appointment as ions of all statutes relative to the proper	s registered agent and agree to ac	t in this capacity. I further a
comply with the provisi	tion, I hereby accept the appointment as	s registered agent and agree to ac	t in this capacity. I further ag
comply with the provisi	tion, I hereby accept the appointment as ions of all statutes relative to the proper s of my position as registered agent.	s registered dgent and agree to ac and complete performance of my	t in this capacity. I furth <mark>er</mark> ag
comply with the provising accept the obligations	tion, I hereby accept the appointment as ions of all statutes relative to the proper s of my position as registered agent. Thomas Sherman	s registered dgent and agree to ac and complete performance of my signature)	t in this capacity. I further ag
comply with the provising accept the obligations The name, title or capa Title or Capacity:	tion, I hereby accept the appointment as ions of all statutes relative to the proper s of my position as registered agent. Thomas Sherman (Registered agent's sacity and address of the person(s) who han Name and Address:	svegistered dgent and agree to act and complete performance of my signature)	duties, and I am familiar wit
comply with the provising accept the obligations The name, title or cape	tion, I hereby accept the appointment as ions of all statutes relative to the proper s of my position as registered agent. Thomas Sherman (Registered agent's sacity and address of the person(s) who han Name and Address: Thomas Sherman 90 Almeria Avenue	svegistered dgent and agree to act and complete performance of my signature)	t in this capacity. I further ag duties, and I am familiar wit
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comply with the provisi d accept the obligations The name, title or capa Title or Capacity: Manager	tion, I hereby accept the appointment as ions of all statutes relative to the proper is of my position as registered agent. Thomas Sherman (Registered agent's statistic and address of the person(s) who hat Name and Address: Thomas Sherman 90 Almeria Avenue Coral Gables, Fl 33134	svegistered dgent and agree to act and complete performance of my signature)	t in this capacity. I further ag duties, and I am familiar wit
comply with the provising accept the obligations. The name, title or capa Title or Capacity: Manager Use attachments if necess.	tion, I hereby accept the appointment as ions of all statutes relative to the proper is of my position as registered agent. Thomas Sherman (Registered agent's accity and address of the person(s) who han a Name and Address: Thomas Sherman 90 Almeria Avenue Coral Gables, Fl 33134 sary) of existence, no more than 90 days old, of which it is organized. (If the certificate	signature) as/have authority to manage is/are: Title or Capacity: duly authenticated by the official h	n in this capacity. I further as duties, and I am familiar with a second

Thomas Sherman

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "SETAI MIAMI BEACH 2907, 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 TENTH DAY OF MAY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SETAI MIAMI BEACH 2907, LLC" WAS FORMED ON THE SECOND DAY OF DECEMBER, A.D. 2016.

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

TANK OF THE PARTY OF THE PARTY

Authentication: 202516284

Date: 05-10-17

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