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## **COVER LETTER**

TO:

	O1 835 LLC						
JECT: _		Name of	Limited Liability C	ompany			
enclosed ". tence, and	Application by Forceheck are submitted	eign Limited Liability Comp I to register the above refere	oany for Authoriza enced foreign limit	tion to Trai ed liability	nsact Busine company to	ess in Florida," ( transact busine	Certificate ss in Flori
se return al	il correspondence c	oncerning this matter to the	following:				
	Joseph B. Ryan	III, Esq.					
		N	ame of Person				
	Joseph B. Ryan	III, P.A.					
		F	irm/Company				
	8925 SW 148th	Street, Suite 200					
			Address			—————————————————————————————————————	
	Palmetto Bay, I	Florida 33176				2017 ALIG SECNEDO ALLAHA	П
		City/S	tate and Zip Code			6 -8	
	jbryanlaw@gma					ing II-	Ш
further info	ormation concernin	E-mail address: (to be use g this matter, please call:	d for future annual	report not	ification)	STATE LORIDA	D
Josep	oh B. Ryan III, Esq.		305	444-494	49		
	Name o	f Contact Person	at ( Area Code	Day	time Teleph	one Number	
Divisi Regis P.O. I	LING ADDRESS: ion of Corporations tration Section Box 6327 nassee, FL 32314			Division of Registratic Clifton Bigg 2661 Exe	ADDRESS of Corporati ion Section uilding cutive Center ee, FL 3230	ions er Circle	
	theck for the follow 25.00 Filing Fee	ing amount:  \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filir Certified Copy		<b>\$160.0</b>	0 Filing Fee, Cei & 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:

COM MIN TO ME COLOR DE						
1. CO1 835 LLC	Limited Liability Company; must include "Limited Liability Company; must include "Liability Company; must includ	ited Lighility Company," "L.L.C.," or "L.L.C.")				
(Hame of LoterEn	Limited Liability Company, mast medical Limit					
de - ilable anna discreta n	ame adopted for the purpose of transacting business in l	Florida The alternate name must include "Limited Liah	nlity Company," "L. L. C," or "L.L.C.")			
	into another for the purpose of differential williams	93.3304460	•			
2. Delaware	s of which foreign limited liability company is organized)  (FEI number, if applicable)					
(MUNRICHOU GROSE DE 12W OF W	men toeren mines manny sompley a security					
4. August 4, 2017	_					
··	(Date first transacted business in Florida, if prior (See sections 605,0904 & 605,0905, F.S. to deter	to registration ) rmine penalty liability)				
5. 322 E. Dilido Drive	•	6. 322 E. Dilido Drive				
Street Address of	Principal Office)	(Mailing Addr				
Miami Beach, Florida 33139		Miami Beach, Florida 33139				
			TA: 2			
			- <del>7</del>			
		ov NOT acceptable)	三条系 医二十二			
7. Name and street addres	ss of Florida registered agent; (P.O. Bo	ox NOT acceptable)	A 5 =			
Name:	Joseph B. Ryan III, Esq.		-8			
	8925 SW 148th Street, Suite 200		m <sub>c</sub> _ <b>m</b>			
Office Address:	8723 3 W 140th Sheet, Sunt 200	<del> </del>				
	Palmetto Bay	, Florida 33176	) STATE			
	(Ciŋ)	(Zip code	*			
Registered agent's accep	nance: egistered agent and to accept service o	of measure for the above stated limited	tiability company at the place			
traving been named as re	igisterea agent and to accept service of tion, I hereby accept the appointment	or registered noems and naree to act	in this canacity. I further agre			
to comply with the neovic	ions of all statutes relative to the prop	er and complete performance of my	duties, and I am familiar with			
and accept the obligation	s of my position as registered agent.		•			
, ,	Sange	XC .				
	(Registered a con	t' signature)	<del></del>			
		7				
	acity and address of the person(s) who	has/have authority to manage is/are:	W1 d. d. d. d			
Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:			
Manager	Eric Kamhi					
	322 E. Dilido Drive					
	Miami Beach, FL 33139	<del></del>				
		<del></del>				
		<del></del> ·				
(Use attachments if neces	sary)					
9. Attached is a certificate	of existence, no more than 90 days old	d, duly authenticated by the official ha	ving custody of records in the			
jurisdiction under the law	of which it is organized. (If the certific	ate is in a foreign language, a translati	ion of the certificate under oath			
of the translator must be s						
	1 14	002 (1) (k) Planida Statutas I am oums	n that any falce information			
10. This document is executed in a document to	uted in accordance with section 605.02 to the Department of State constitutes a	third degree felony as provided for in :	s.817.155. F.S.			
submitted in a document of	the repartment of state evisations a	— ·				
	X //					
	V \ Signati	ure of an authorized person				
	Cia Mambi					
	Eric Kamhi	f or printed name of signes				
	typed	e as business surrise as affices				

Page 1

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "CO1 835 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 FOURTH DAY OF AUGUST, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CO1 835 LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF JULY, A.D. 2017.

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

Authentication: 203007221

Date: 08-04-17

6489829 8300 SR# 20175582441