M17000008284

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificates	of Status				
Special Instructions to Filing Officer:						
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COVER LETTER

TO:

TO:		ation Section n of Corporatio	ns				
SUBJE	We	est Atlantic Deve	lopment I, LLC				
2, 1, 1, 1, 1,		,	Name of	Limited Liability	Company		
The end Existen	closed "A ce, and cl	pplication by Foneck are submitted	reign Limited Liability Comed to register the above refer	pany for Authoriz enced foreign lim	ation to Tr ited liabili	ransact Business in Florida," Ce by company to transact business	rtificate of in Florida.
Please 1	return all	correspondence	concerning this matter to the	following:			
		Jeffrey Wolfe,	Esq.				
			N	lame of Person	<u> </u>		
		Sachs Sax Cap	lan, P.L.				
			F	irm/Company			
		6111 Broken Sound Parkway NW, Suite 200					
	Address						
		Boca Raton, FL 33487					
			City/S	tate and Zip Code			
	t	amsey@akelhoi	mes.com				
	_		E-mail address: (to be used	d for future annua	report no	titication)	
For furti	her inforn	nation concernin	g this matter, please call:				
	Jeffrey '	Wolfe		561 at (237-68	68	
		Name o	f Contact Person	Area Code	Day	rtime Telephone Number	
	Division Registrate P.O. Box	of Corporations tion Section (6327 see, FL 32314			Division Registrat Clifton B 2661 Exe	r ADDRESS: of Corporations ion Section duilding ecutive Center Circle see, FL 32301	
Enclose		ck for the follow 00 Filing Fee	ing amount: \$\Bigsize \text{\$\Sigma}\$ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filir Certified Copy	ig Fee &	☐ \$160.00 Filing Fee, Certifi of Status & Certified Copy	cate

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

IN COMPILANCE WITH SECTION (05.00), FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. West Atlantic Develop	ment I, LLC Limited Liability Company, must include "Limited L	liability Company," "L.L.C.," or "Ll.C.")				
(If name annuadable outer alternate	name adopted for the purpose of transacting business in Florida	The observate process must include "Limited Light	Bits Company " "L. C." or "LLC ")			
2 Delaware	hich foreign limited liability company is organized)	3				
4	(Date first transacted business in Florida, if prior to regi	istration.)				
5. 5300 West Atlantic A (Street Address of		6. 5300 West Atlantic Avenue				
Suite 505	rtmelpai Office)	Suite 505 Delray Beach, Florida 33484				
Delray Beach, Florida	33484					
7. Name and street addre	ss of Florida registered agent: (P.O. Box 1)	NOT acceptable)				
Name:	Associated Corporate Services, LLC					
Office Address:	6111 Broken Sound Parkway NW, Suite	 -				
	Boca Raton (City)	Florida 33487	<u> </u>			
designated in this applica to comply with the provis and accept the obligation	egistered agent and to accept service of pro- tion. I hereby accept the appointment as r ions of all statutes relative to the proper ar is of my position as registered agent. (Registered agent's sign	registered agent and agree to act in a complete performance of my a	in this capa <mark>city. I fürther</mark> agree			
Title or Capacity:	acity and address of the person(s) who has/l Name and Address:	Title or Capacity:	Name and Address:			
Manager	Ramzi Akel 5300 W. Atlantic Ave. #505 Delray Beach, Florida 33484					
(Use attachments if neces	ssary)					
	of existence, no more than 90 days old, du of which it is organized. (If the certificate i ubmitted)					
	o the Department of State constitutes a third					
	T · Signature to a	no manactivos parave				
	Ramzi Akel					
	Typed or pri	inted name of signee				

Page 1



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

DELAWARE, DO HEREBY CERTIFY "WEST ATLANTIC DEVELOPMENT I, 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-FIRST DAY OF SEPTEMBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WEST ATLANTIC DEVELOPMENT I, LLC" WAS FORMED ON THE TWENTIETH DAY OF SEPTEMBER, A.D. 2017.

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

at corp.delaware.gov/aut

Authentication: 203270026

Date: 09-21-17

SACHS SAX CAPLAN

ATTORNEYS AT LAW

SUITE 200 6111 BROKEN SOUND PARKWAY NW BOCA RATON, FLORIDA 33487

> 1ELEPHONE (561) 994-4499 DIRLC1 LINE(561) 237-6868 FACSIMILE (561) 994-4985

JEFFREY J. WOLFE, ESQ. jwolfe@ssclawfirm.com

September 2017

Via FedEx

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Application by Foreign Limited Liability Company West Atlantic Development 1, LLC

Dear Sir/Madam:

Enclosed please find the following:

- 1. Executed Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida.
- 2. Certificate of Good Standing and Legal Existence issued by the Delaware Secretary of State on September 21, 2017.
- 3. Check made payable to the Florida Department of State in the amount of \$125.00 to cover the filing fee and designation of registered agent.

Please file the attached Application immediately. If there are any delays in processing the Application, please contact the undersigned immediately.

Very truly yours,

leffrey J. Wolfe