## 1170000009494

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
·
(Document Number)
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## FLORIDA DEPARTMENT OF STATE Division of Corporations

August 18, 2017

OSCAR OSPINA 1010 NE 2ND AVE MIAMI, FL 33132

SUBJECT: ROYAL PALM CAPITAL VENTURES, LLC

Ref. Number: W17000068110

We have received your document for ROYAL PALM CAPITAL VENTURES, 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):

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 L Simmons Regulatory Specialist II

Letter Number: 617A00016994

## COVER LETTER

TO: . Registration Section

Div	ision of Corporation	S					
CHDICCT.	ROYAL PALM CAI	PITAL VENTURES					
SUBJECT:	Name of Limited Liability Company						
The enclosed Existence, as	d "Application by For and check are submitted	eign Limited Liability Compa I to register the above referen	any for Authorizat aced foreign limit	ion to Tran ed liability	sact Business in Florida, company to transact busin	' Certificate ness in Florid	
Please return	n all correspondence c	oncerning this matter to the f	ollowing:				
	OSCAR OSPIN	A					
	<del></del>	Na	me of Person				
	PARAMOUNT	RESIDENCES			1		
	Firm/Company ,						
	1010 NE 2ND AVENUE						
			Address			·	
•	MIAMI, FL 33	132					
		City/St	ate and Zip Code	-		-	
	OSCAR@PARA	MOUNTRESIDENCES.CO	М				
		E-mail address: (to be used	for future annual	report noti	fication)	_	
For further	information concernin	g this matter, please call:					
OS	SCAR OSPINA		768 at (	363-905	0		
_	Name e	f Contact Person	Area Code	Dayt	ime Telephone Number	_	
Di Re P.0	AILING ADDRESS: vision of Corporations gistration Section O. Box 6327 illahassee, FL 32314			Division of Registration Clifton Bu 2661 Exec	ADDRESS: of Corporations on Section ailding cutive Center Circle ee, FL 32301		
	a check for the follow \$125.00 Filing Fee	ring amount: ☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filit Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Of Status & Certified Co		

COMPANY TO TRANSACT B	THON 605.0902, FLORIDA STATUTES, T USINESS IN THE STATE OF FLORIDA:	THE FOLLOWING IS SUBMITTED TO REGIS	TER A FOREIGN LIMITED LIABILITY
L. ROYAL PALM CAPI	TAL VENTURES, LLC		
(Name of Foreign	Limited Liability Company; must include "	'Limited Liability Company," "L.L.C.," or "L.L.C.	"
(If name unavailable, enter alternate	name adopted for the purpose of transacting busines	ss in Florida, The alternate name must include "Limited L	iability Company," "L. L. C," or "LLC")
2. DELAWARE STATE	chich foreign limited liability company is organized)	3. <u>82-2105727</u> (FEI nui	nber, if applicable)
•	The instruction is a second and the	<i>'</i>	
4. AUGUST 1, 2017	(Date first transacted business in Florida, if (See sections 605,0904 & 605,0905, F.S. to	prior to registration )	<del></del>
5 1010 NE 2ND AVEN	·	6 1010 NE 2ND AVENUE	
(Street Address of	Principal Office)	(Mailing Ac	ldress)
MIAMI, FL 33132		MIAMI, FL 33132	<u> </u>
7 Name and street addre	ess of Florida registered agent: (P.O	). Box: NOT accentable)	مہ پ
	SERGIO MOISES	,	17 NOV 1
Name:	1010 NE 2ND AVENUE		9 9 1
- Office Address:	MIAMI	33133	
	(City)	, Florida 33132 (Zip e	ode) P
designated in this applicate comply with the provis	egistered agent and to accept service ation. I hereby accept the appointments of all statutes relative to the part of my position as registered agen	ce of process for the above stated limite nent as registered agent and agree to a proper and complete performance of m nt.	ct in this capacity. <b>T</b> Jurther agree
8. The name, title or cap <u>Title or Capacity:</u>	$\sim$ $\sim$ $\sim$ $\sim$	who has/have authority to manage is/are.  Tyle or Capacity:	Name and Address:
Authorized Signer	DANIEL KODSI 1010 NE 2ND AVENU MIAMI, FL 33132	CFO	SERGIO MOISES  1010 NE 2ND AVENUE MIAMI, FL 33132
	essarv)		
(Use attachments if nece			
9. Attached is a certificat	e of existence, no more than 90 day y of which it is organized. (If the cer	es old, duly authenticated by the official rtificate is in a foreign language, a transl	having custody of records in the ation of the certificate under oath

Typed or printed name of signee

## Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "ROYAL PALM CAPITAL VENTURES, 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 FIRST DAY OF NOVEMBER, A.D. 2017.

Authentication: 203498459

Date: 11-01-17