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(Document Number)

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DIVISION 01

NOV 11 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 30, 2017

FREDERICK IPPOLITO
4116 SUNRISE HWY
MASSAPEQUA, NY 11758

SUBJECT: SOLIVIA ROSE LLC
Ref. Number: W17000086762

2017 NOV 15 PM 12:05

We have received your document for SOLIVIA ROSE 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: 617A00021903

*Present with PROPER DOCUMENT
You CASHED THE CHECK
ALREADY for \$125-*

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SOLIVIA ROSE 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:

FREDERICK IPPOLITO

Name of Person

SOLIVIA ROSE LLC

Firm/Company

4116 SUNRISE HIGHWAY

Address

MASSAPEQUA, NEW YORK 11758

City/State and Zip Code

MARVSDREAM@AOL.COM

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

For further information concerning this matter, please call:

MARVIN A MIGDOL

631

475-5745

Name of Contact Person

at ()

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

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & 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:

1. SOLIVIA ROSE LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
- (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")
2. NEW YORK 3. 82-0869782
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. OCTOBER 1, 2017
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. SOLIVIA ROSE LLC 6. SOLIVIA ROSE LLC
(Street Address of Principal Office) (Mailing Address)
8775 20TH STREET
VERO BEACH, FLORIDA 32966
4116 SUNRISE HIGHWAY
MASSAPEQUA, NEW YORK 11758

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: FREDERICK IPPOLITO

Office Address: 1573 ESTERBROOK LA
SEBASTIAN, Florida 32958
(City) (Zip code)

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 place designated in this application, I hereby accept 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.

Frederick Ippolito
(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:
MEMBER	FREDERICK IPPOLITO 4116 SUNRISE HIGHWAY MASSAPEQUA, NY 11758		

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

Frederick Ippolito
Signature of an authorized person

FREDERICK IPPOLITO

Typed or printed name of signer

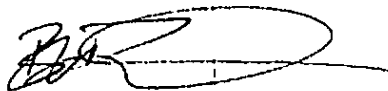
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State of New York
Department of State } ss:

I hereby certify, that SOLIVIA ROSE, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 03/20/2017, and that the Limited Liability Company is existing so far as shown by the records of the Department.

I further certify, that no other documents have been filed by such Limited Liability Company.

*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 06th day of November
two thousand and seventeen.*



Brendan W. Fitzgerald
Executive Deputy Secretary of State

