

M18000000175

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

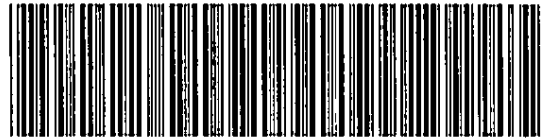
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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O. SIMMONS  
1/18/18



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 26, 2017

VALERIA SCHVARTZMAN  
12550 BISCAYNE BLVD, STE 406  
N MIAMI, FL 33181

SUBJECT: 830 MILANO LLC  
Ref. Number: W17000101352

RECEIVED  
JAN - 8 2018

We have received your document for 830 MILANO 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):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

The registered agent must sign accepting the designation.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons  
Regulatory Specialist II

Letter Number: 017A00026052

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** 830 MILANO 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:

VALERIA SCHVARTZMAN  
\_\_\_\_\_  
Name of Person  
  
LAW OFFICE OF VALERIA SCHVARTZMAN PA  
\_\_\_\_\_  
Firm/Company  
  
12550 BISCAYNE BLVD, SUITE 406  
\_\_\_\_\_  
Address  
  
NORTH MIAMI, FLORIDA, 33181  
\_\_\_\_\_  
City/State and Zip Code  
  
VALERIA@SCHVLAW.COM  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANDRES CANELSON                      305                      9740114  
\_\_\_\_\_  
Name of Contact Person                      at (                      )                      Daytime Telephone Number  
Area Code

**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. 830 MILANO 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. DELAWARE  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 82-3730062  
(FEI number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 12550 BISCAYNE BLVD, SUITE 406  
(Street Address of Principal Office)  
NORTH MIAMI, FL, 33181

6. 12550 BISCAYNE BLVD, SUITE 406  
(Mailing Address)  
NORTH MIAMI, FL, 33181

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

Name: LAW OFFICE OF VALERIA SCHVARTZMAN P/

Office Address: 12550 BISCAYNE BLVD, SUITE 406

NORTH MIAMI, Florida 33181  
(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.*

VALERIA SCHVARTZMAN

(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:

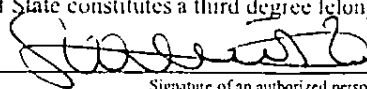
MGR

VSD MANAGEMENT LLC  
12550 biscayne blvd. #406  
NORTH MIAMI, FL, 33181

(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.

  
Signature of an authorized person

VALERIA SCHVARTZMAN  
Typed or printed name of signee

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

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2. DELAWARE

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 82-3730062

(HFI number, if applicable)

4. \_\_\_\_\_

(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability.)

5. \_\_\_\_\_  
(Street Address of Principal Office)

6. \_\_\_\_\_  
(Mailing Address)

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

Name: LISA MANKOSKI

Office Address: 9471 Baymeadows Rd Suite 108

Jacksonville

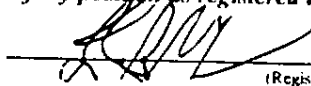
(City)

, Florida 32256

(Zip code)

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Title or Capacity:

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Title or Capacity:

Name and Address:

MGR

Valeria Schwartzman

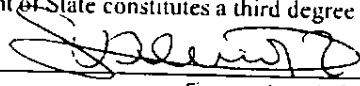
1800 S Ocean Dr Apt 305

Hallandale FL 33009

(Use attachments if necessary)

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(Signature of an authorized person)

VALERIA SCHWARTZMAN

(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 "830 MILANO 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 THIRTEENTH DAY OF DECEMBER, A.D. 2017.



6661030 8300

SR# 20177546252

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 203755150

Date: 12-13-17