

M180000000 248

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

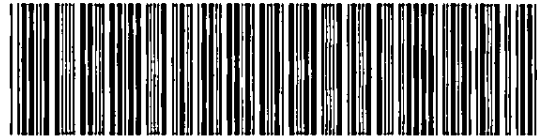
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 11 2019
SCHROEDER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BEL AIR DESIGN LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARK TANENBAUM
Name of Person

BEL AIR DESIGN LLC
Firm/Company

19667 TURNBERRY WAY, APT 12J
Address

AVENTURA, FL 33180
City/State and Zip Code

MARK @ BEL AIR DESIGN LLC.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARK TANENBAUM at (786) 683-1777
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- \$25 Filing Fee
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: BEL AIR DESIGN LLC

Enter new principal office address, if applicable: 505 CHURCH ST, APT 2508

NASHVILLE, TN
37219
*(Principal office address
MUST BE A STREET ADDRESS)*

Enter new mailing address, if applicable: 19667 TURNBERRY WAY, APT 12J
AVENTURA, FL
33180
*(Mailing address
MAY BE A POST OFFICE BOX)*

2. The Florida document number of this limited liability company is: M18000000248

3. Jurisdiction of its organization: CALIFORNIA

4. Date authorized to do business in Florida: JANUARY 8, 2018

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C." or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

Florida

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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 as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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TALLAHASSEE, FLORIDA

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

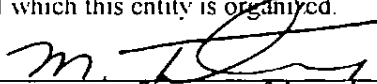
TENNESSEE

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

| <u>Title/ Capacity</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|------------------------|-------------|----------------|---------------------------------|
| _____ | _____ | _____ | <input type="checkbox"/> Add |
| _____ | _____ | _____ | <input type="checkbox"/> Remove |
| _____ | _____ | _____ | <input type="checkbox"/> Add |
| _____ | _____ | _____ | <input type="checkbox"/> Remove |
| _____ | _____ | _____ | <input type="checkbox"/> Add |
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| _____ | _____ | _____ | <input type="checkbox"/> Add |
| _____ | _____ | _____ | <input type="checkbox"/> Remove |

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9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.


 Signature of the authorized representative

MARK TANENBAUM
 Typed or printed name of signee

Filing Fee: \$25.00



**Secretary of State
Certificate of Cancellation
Limited Liability Company (LLC)**

LLC-47

IMPORTANT — Read instructions before completing this form.

There is No Fee for filing a Certificate of Cancellation

Copy Fees – First page \$1.00; each attachment page \$0.50;
Certification Fee - \$5.00 plus copy fees

This Space For Office Use Only

1. Limited Liability Company Name (Enter the exact name of the LLC as it is recorded with the California Secretary of State)

BEL AIR DESIGN, LLC

2. 12-Digit Secretary of State File Number

201728910564

3. Dissolution (California LLCs ONLY: Check the box if the vote to dissolve was made by the vote of ALL the members.)

The dissolution was made by a vote of ALL of the members of the California Limited Liability Company.

Note: If the above box is not checked, a Certificate of Dissolution (Form LLC-3) must be filed prior to or together with this Certificate of Cancellation. (California Corporations Code section 17707.08(a).)

4. Tax Liability Statement (Do not alter the Tax Liability Statement.)

All final returns required under the California Revenue and Taxation Code have been or will be filed with the California Franchise Tax Board.

5. Cancellation Statement (Do not alter the Cancellation Statement.)

Upon the effective date of this Certificate of Cancellation, the Limited Liability Company's registration is cancelled and its powers, rights and privileges will cease in California.

6. Read and Sign Below (See instructions for signature requirements. Do not use a computer generated signature.)

By signing this document, I certify that the information is true and that I am authorized by California law to sign.

Signature

MARK TANENBAUM

Type or Print Name

Signature

Type or Print Name

Signature

Type or Print Name



Tre Hargett
Secretary of State

Division of Business Services
Department of State

State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

BEL AIR DESIGN, LLC
MARK TANENBAUM
APT 12J
19667 TURNBERRY WAY
AVENTURA, FL 33180-2576

February 4, 2019

Filing Acknowledgment

Please review the filing information below and notify our office immediately of any discrepancies.

| | | | |
|------------------|--------------------------------------|--------------------|------------|
| SOS Control # : | 001009094 | Formation Locale: | TENNESSEE |
| Filing Type: | Limited Liability Company - Domestic | Date Formed: | 02/04/2019 |
| Filing Date: | 02/04/2019 9:58 AM | Fiscal Year Close: | 12 |
| Status: | Active | Annual Report Due: | 04/01/2020 |
| Duration Term: | Perpetual | Image # : | B0646-3797 |
| Managed By: | Member Managed | | |
| Business County: | DAVIDSON COUNTY | | |

Document Receipt

| | | |
|---|-------------|----------|
| Receipt # : 004516660 | Filing Fee: | \$300.00 |
| Payment-Check/MO - BEL AIR DESIGN, LLC, NASHVILLE, TN | | \$300.00 |

Registered Agent Address:
MARK TANENBAUM
APT 2508
505 CHURCH ST
NASHVILLE, TN 37219-3615

Principal Address:
APT 2508
505 CHURCH ST
NASHVILLE, TN 37219-3615

Congratulations on the successful filing of your **Articles of Organization** for **BEL AIR DESIGN, LLC** in the State of Tennessee which is effective on the date shown above. You must also file this document in the office of the Register of Deeds in the county where the entity has its principal office if such principal office is in Tennessee. Please visit the Tennessee Department of Revenue website (apps.tn.gov/bizreg) to determine your online tax registration requirements. If you need to obtain a Certificate of Existence for this entity, you can request, pay for, and receive it from our website.

You must file an Annual Report with this office on or before the Annual Report Due Date noted above and maintain a Registered Office and Registered Agent. Failure to do so will subject the business to Administrative Dissolution/Revocation.

Tre Hargett
Secretary of State

Processed By: Darlene Baskin