## M1800000 1303

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## **COVER LETTER**

	tration Section ion of Corporations
SUBJECT: _	Mandelbaum Family LLC Name of Limited Liability Jompany
	Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate check are submitted to register the above referenced foreign limited liability company to transact business in Florida.
Please return a	Il correspondence concerning this matter to the following:
	Judith Mandelbaum Name of Person
	Mandelbaum Family LLC Pirm/Company
	6899 Collins Ave., #1901
	Miami Beach, FL 33141  City/State and Zip Code
	Mandelbaum Family LLCa yahoo. Com E-mail address: (to be used for future annual report notification)
For further info	ormation concerning this matter, please call:
Tud	Area Code Daytime Telephone Number
Divisi Regisi P.O. I	LING ADDRESS:  STREET ADDRESS:  Division of Corporations tration Section  Box 6327  Clifton Building massee, FL 32314  Clifton Building Tallahassee, FL 32301
	theck for the following amount:  25.00 Filing Fee

## 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: st include "Limited Liability Company," "L.L.C.," or "LLC.") Of name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.I. C." or "L.I. C." (899 Collins Ave., Unit 1901 Miami Beach, FL 33141 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Office Address: 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. 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Title or Capacity: Name and Address: (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.

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

DELAWARE, DO HEREBY CERTIFY "MANDELBAUM FAMILY 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-FOURTH DAY OF JANUARY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MANDELBAUM"

FAMILY LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF JULY, A.D. 2011.

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

a at corn delaware gov/aut

Authentication: 202023698

Date: 01-24-18

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