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#### FLORIDA DEPARTMENT OF STATE Division of Corporations

December 14, 2017

MAZZINO VALERI 1395 BRICKELL AVE STE 800 MIAMI, FL 33131 US

SUBJECT: RANCHO GRANDE CASTLE ROCK FARM & NURSERY LLC Ref. Number: W17000098876

We have received your document for RANCHO GRANDE CASTLE ROCK FARM & NURSERY LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Brittany M Figueroa Regulatory Specialist II Registration/Qualification Section

Letter Number: 917A00025297



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#### **COVER LETTER**

#### TO: Registration Section Division of Corporations

#### RANCHO GRANDE CASTLE ROCK FARM & NURSERY LLC

SUBJECT: \_\_

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:

MAZZINO VALERI

		N	ame of Person		
	TREVISO INV	ESTMENTS LLC			
		ŀ	irm/Company		
	1395 Brickell	Avenue, suite 800			
		<u></u>	Address		
	Miami Fl 3313	1			
		City/S	tate and Zip Code		
	mvaleri@vbinte	rcon.com			
		E-mail address: (to be use	d for future annual	report not	ification)
For furthe	r information concernir	ig this matter, please call:			
	ALCIRA BERMUDEZ	-	786	239654	v
-	WARKA DERMODEL		at (	_)	
	Name	of Contact Person	Area Code	Day	time Telephone Number
	IAILING ADDRESS				ADDRESS:
	vision of Corporation egistration Section	S			of Corporations ion Section
	.O. Box 6327			Clifton B	
J	allahassee, FL 32314			2661 Exc	ecutive Center Circle ee. FL 32301
Enclosed i	s a check for the follow	ing amount:			
	\$125.00 Filing Fee	Certificate of Status	□ \$155.00 Filin Certified Copy	ig Fee &	■ \$160.00 Filing Fee. Certificate of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINENS IN THE STATE OF FLORIDA:

DELAWARE       3.         (Jurisdiction under the law of which foreign limited fiability company is organized)       3.         (Date first transacted business in Florida, if prior to registration.) (See sections 605 0904 & 605,0905, F.S. to determine penalty liability)         31500 SW 187 AVENUE       6.         (Street Address of Principal Office)       6.         HOMESTEAD FL 33030       HOMESTEAD FL 33030	plicable)
(Date first transacted business in Florida, if prior to registration.) (Date first transacted business in Florida, if prior to registration.) (See sections 605 0904 & 605,0905, F.S. to determine penalty, liability) 31500 SW 187 AVENUE (Street Address of Principal Office) (Mailing Address)	plicable)
31500 SW 187 AVENUE (Street Address of Principal Office) 6. 31500 SW 187 AVENUE (Mailing Address)	
31500 SW 187 AVENUE (Street Address of Principal Office) 6. (Mailing Address)	
(Street Address of Principal Office) 6. (Mailing Address)	
Name and street address of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)	
Name: MAZZINO VALERI	
Office Address: 1395 BRICKELL AVENUE SUITE 800	
MIAMI 33131	
(City) (Zip code)	
. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:	me and Address
Title or Capacity: Name and Address: Title or Capacity: Na	ine and Audress
MANAGER MAZZINO VALERI	
Title or Capacity:         Name and Address:         Title or Capacity:         Na	
Title or Capacity:         Name and Address:         Title or Capacity:         Na           MANAGER         MAZZINO VALERI	
Title or Capacity:         Name and Address:         Title or Capacity:         Na           MANAGER         MAZZINO VALERI	
Title or Capacity:         Name and Address:         Title or Capacity:         Na           MANAGER         MAZZINO VALERI	

lyped or junited name of signee



The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "RANCHO GRANDE CASTLE ROCK FARM & NURSERY 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 SEVENTH DAY OF DECEMBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RANCHO GRANDE CASTLE ROCK FARM & NURSERY LLC" WAS FORMED ON THE NINTH DAY OF JUNE, A.D. 2015.

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



Jelliny VI Bullech, Secretary of State

Authentication: 203703545 Date: 12-07-17

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SR# 20177431030 You may verify this certificate online at corp.delaware.gov/authver.shtml