

M18000002479

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

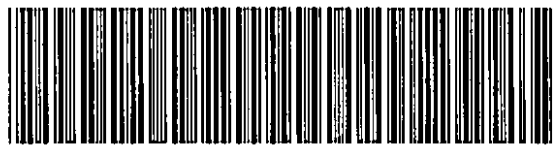
(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K SALY
MAR 13 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Azure I, 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:

Name of Person

Advanced Tax Advisors

Firm/Company

8201 Peters Road, STE 1000

Address

Plantation, FL 33324

City/State and Zip Code

jose.ramirez@advancedtaxadvisors.net

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

For further information concerning this matter, please call:

Jose A. Ramirez

954

888-6941

at ()

Name of Contact Person

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. Azure 1, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLP")

Azure 1 Properties, LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLP")

2. Utah 3. 81-2812408
(Jurisdiction under the law of which foreign limited liability company is organized) (EIN 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. 4230 NW 21st Street 6. 4230 NW 21st Street
(Street Address of Principal Office) (Mailing Address)
Apt #243
Lauderhill, FL 33313 Lauderhill, FL 33313

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

Name Advanced Tax Advisors
Office Address 8201 Peters Road, STE 1000
Plantation Florida 33324
(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.

[Signature]
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are.

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>MG/CM</u>	<u>Donna R Green</u> <u>4230 NW 21st Street, Apt#243</u> <u>Lauderhill, FL 33313</u>	_____	_____
<u>MG/CM</u>	<u>Noelle R Sledge</u> <u>4230 NW 21st Street, Apt#243</u> <u>Lauderhill, FL 33313</u>	_____	_____

(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.

Donna R Green
(Signature of an authorized person)

DONNA R GREEN
(Typed or printed name of signer)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Utah Department of Commerce
Division of Corporations & Commercial Code
160 East 300 South, 2nd Floor, PO Box 146705
Salt Lake City, UT 84114-6705
Service Center: (801) 530-4849
Toll Free: (877) 526-3994 Utah Residents
Fax: (801) 530-6438
Web Site: <http://www.commerce.utah.gov>

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18 MAR 12 PM 1:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01/28/2018
9826207-016001282018-2412423

CERTIFICATE OF EXISTENCE

Registration Number: 9826207-0160
Business Name: AZURE 1, LLC
Registered Date: June 02, 2016
Entity Type: LLC - Domestic
Current Status: Good Standing

The Division of Corporations and Commercial Code of the State of Utah, custodian of the records of business registrations, certifies that the business entity on this certificate is authorized to transact business and was duly registered under the laws of the State of Utah. The Division also certifies that this entity has paid all fees and penalties owed to this state; its most recent annual report has been filed by the Division (unless Delinquent); and, that Articles of Dissolution have not been filed.



Kathy Berg

Kathy Berg
Director
Division of Corporations and Commercial Code



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 16, 2018

ADVANCED TAX ADVISORS
8201 PETERS RD, STE. 1000
PLANTATION, FL 33324

SUBJECT: AZURE 1, LLC
Ref. Number: W18000004234

We have received your document for AZURE 1, 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.

Please return 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.

Karen A Saly
Regulatory Specialist II

Letter Number: 218A00000924

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2018 MAR 12 AM 10:48
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA