M1800000 4339

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nai	me)
(Do	cument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



500312045685

04/23/18--01050--016 **130.00
**130.00
**130.00

WAY OA 2019 J. HARRIS

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	19915 Gulf Boulevard, LLC		
		Limited Liability (Company
			tion to Transact Business in Florida," Certificate of ted liability company to transact business in Florida.
Please return	all correspondence concerning this matter to the	e following:	
	M. Drew Siegel		
	<u> </u>	lame of Person	
	Law Offices of M. Drew Siegel		
	F	irm/Company	
	12830 Hillcrest Rd., Suite 231		
		Address	
	Dallas, Texas 75230		
	City/S	State and Zip Code	
	drewsiegel@aol.com		
	E-mail address: (to be use	d for future annual	report notification)
For further in	nformation concerning this matter, please call:		
M.	Drew Siegel	972 at (982-0410
	Name of Contact Person	Area Code	Daytime Telephone Number
Div Reg P.O	ision of Corporations gistration Section Box 6327 Jahassee, FL 32314		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
(i) "s	a check for the following amount: \$125.00 Filing Fee	□ \$155.00 Filin Certified Copy	of Status & Certified Copy
(2) (e	stificate of Fact (Exist f State for 19915 Gulf 1	ence) from Boulevard,	n Texas Secretary





FLORIDA DEPARTMENT OF STATE Division of Corporations

April 25, 2018

M DREW SIEGEL 12830 HILLCREST RD, SUITE 231 DALLAS, TX 75230

SUBJECT: 19915 GULF BOULEVARD, LLC

Ref. Number: W18000039068

We have received your document for 19915 GULF BOULEVARD, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

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.

Jenna D Harris Regulatory Specialist II

Letter:Number: 418A00008543





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:

(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) March 19, 2018 (Dute lirst transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) [18230 Hillcrest Rd., Suite 231 (Street Address of Principal Office) [18230 Hillcrest Rd, Suite 231 (Mailing Address)		ame adopted for the purpose of transacting business in		ability Company," "L.L.C," or "LLC "
March 19, 2018 (Date lins transacted bissness in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) (See Address of Principal Office) (Sureet Address of Principal Office) (Sureet Address of Principal Office) (Dallas, Texas 75230 Dallas, Texas 75230 Dallas, Texas 7523	Texas	high foreign limited liability company is organized)	3. 82-4699674	ther if englicable)
(flute fine transacted batteres in Plorida, if prior to registration.) [Registered agent's acceptance: intig been named as registered agent and to accept service of process for the above stated limited liability company at the protection, I hereby accept the appointment as registered agent and agree to act in this capacity. I further omply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar accept the obligations of my position as registered agent. Trustee, Member [12830 Hillcrest Rd.] [Sure Address: Plorida agent and address: Title or Capacity: Name and Address: Name and Name and Address: Name a		men twenge material naturally company is triganized?	/1 L-3 14tm	inci, ii apputanti
(See sections 693.0904 & 693.0903, F.S. to determine penalty liability) (18230 Hillcrest Rd., Suite 231 (Surest Address of Principal Office) (Surest Address of Florida registered agent: (P.O. Box NOT acceptable) Name: Michael Uglialoro Office Address: (City) (Supcode) (City) (Supcode) (City) (Supcode) (City) (Supcode) (City) (Supcode) (Registered agent and agree to act in this capacity. I further omply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar accept the obligations of my position as registered agent. (Registered agent's signature) (Registered agent's signature) 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:	March 19, 2018	(Date live transacted husiness in Florida of prior	to moistration	
Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Michael Uglialoro Office Address: 1826 Montclaire. Apt. 3 Clearwater Florida 33763 Clearwater Florida 1920 from the above stated limited liability company at the protest on this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further omply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar accept the obligations of my position as registered agent (Registered agent). Title or Capacity: Name and Address: Trustee, Member 12830 Hillcrest Rd. Sure 231 Dollas, Texas 75230 Dallas, Texas 75230		(See sections 605.0904 & 605.0905, F.S. to dete	ermine penalty liability)	
Dallas, Texas 75230 Dallas, T			U	
Name: Michael Uglialoro Office Address: 1826 Montclaire, Apt. 3 Clearwater Florida 33763 Clea	Dallas, Texas 75230	Thethal Office)	-	uress)
Name: Michael Uglialoro Office Address: 1826 Montclaire. Apt. 3 Clearwater (City) (Cipy code) istered agent's acceptance: ing been named as registered agent and to accept service of process for the above stated limited liability company at the properly with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar accept the obligations of my position as registered agent (Registered agent) 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: Trustee, Member 12830 Hillcrest Rd. Suite 231 Dallas, Texas 75230 M. Drew Siegel M. Drew Siegel				— . · · · · · · · · · · · · · · · · · ·
Name: Michael Uglialoro Office Address: 1826 Montclaire. Apt. 3 Clearwater . Florida 33763 Clearwater . Florida 33763 Clearwater . Florida 10 (Zip code) istered agent's acceptance: ing been named as registered agent and to accept service of process for the above stated limited liability company at the propagated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further accept the obligations of my position as registered agent (Registered agent's signature) 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: Trustee, Member 12830 Hillcrest Rd. Suite 231 Dailas, Texas 75230 M. Drew Siegel			-	
Name: Michael Uglialoro Office Address: 1826 Montclaire, Apt. 3 Clearwater Florida 33763 Clearwater Florida 102 (City) istered agent's acceptance: sing been named as registered agent and to accept service of process for the above stated limited liability company at the parated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further the proper and complete performance of my duties, and I am familiar accept the obligations of my position as registered agent (Registered agent's signature) 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: Trustee, Member 12830 Hillcrest Rd. Soute 231 Dallas, Texas 75230 M. Drew Siegel	Name and street addres	ss of Florida registered agent: (P.O. B	ox NOT acceptable)	
Office Address: 1826 Montclaire, Apt. 3 Clearwater Florida 33763 (Zip code)		_	<u></u>	SS. 4
Office Address: Clearwater City) (City) (C	Name:		 	
istered agent's acceptance: sing been named as registered agent and to accept service of process for the above stated limited liability company at the parated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar accept the obligations of my position as registered agent [Registered agent's signature] 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: Title or Capacity: Dellas, Texas 75230 M. Drew Siegel M. Drew Siegel	Office Address:	1826 Montclaire, Apt. 3		
istered agent's acceptance: sing been named as registered agent and to accept service of process for the above stated limited liability company at the parated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar accept the obligations of my position as registered agent [Registered agent's signature] 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: Title or Capacity: Dellas, Texas 75230 M. Drew Siegel M. Drew Siegel		Clearwater	Florida 33763	
ring been named as registered agent and to accept service of process for the above stated limited liability company at the programment in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar accept the obligations of my position as registered agent. 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: Trustee, Member 12830 Hillcrest Rd. Suite 231 Dallas, Texas 75230 M. Drew Siegel		(City)	(2:	
Trustee, Member 12830 Hillcrest Rd. Suite 231 Dallas, Texas 75230 Name and Address:	aving been named as re ssignated in this applica comply with the provisi	tance: gistered agent and to accept service of tion, I hereby accept the appointmentions of all statutes relative to the prop s of my position as registered agent	of process for the above stated limite t as registered agent and agree to ac	d liability company at the p t in this capacity. I furthe
Trustee, Member 12830 Hillcrest Rd. Suite 231 Dallas, Texas 75230 M. Drew Siegel	aving been named as re ssignated in this applica comply with the provisi	tance: ligistered agent and to accept service of stion, I hereby accept the appointment ions of all statutes relative to the prop s of my position as registered agent	of process for the above stated limite t as registered agent and agree to ac er and complete performance of my	d liability company at the p t in this capacity. I furthe
Suite 231 Dallas, Texas 75230 M. Drew Siegel	aving been named as resignated in this applica comply with the provising accept the obligation.	tance: Igistered agent and to accept service of Ition, I hereby accept the appointment Itions of all statutes relative to the prop Itions of my position as registered agent Itions (Registered agent)	of process for the above stated limite t as registered agent and agree to ac er and complete performance of my	d liability company at the p t in this capacity. I furthe
Dallas, Texas 75230 M. Drew Siegel	aving been named as resignated in this applicated in this applicate comply with the provised accept the obligation. The name, title or capa	stance: In tance: In tance: In the state of the appointment of all statutes relative to the property of my position as registered agenty In the state of the person (s) who	of process for the above stated limited as registered agent and agree to active and complete performance of my (1's signature) has/have authority to manage is/are:	d liability company at the position this capacity. I furthed aduties, and I am familiar
(M. Drew Siegel)	aving been named as resignated in this applicated in this applicated comply with the provising accept the obligation. The name, title or capating a Capacity:	stance: Ingistered agent and to accept service of Ition, I hereby accept the appointment ions of all statutes relative to the prop Is of my position as registered agent (Registered agent acity and address of the person(s) who Name and Address:	of process for the above stated limited as registered agent and agree to active and complete performance of my (1's signature) has/have authority to manage is/are:	d liability company at the position this capacity. I furthed aduties, and I am familiar
e attachments if necessary)	aving been named as resignated in this applica comply with the provising accept the obligation. The name, title or capa Title or Capacity:	stance: In the segment and to accept service of the appointment of all statutes relative to the properties of my position as registered agent of the properties and address of the person(s) who Name and Address: 12830 Hillcrest Rd.	of process for the above stated limite t as registered agent and agree to accer and complete performance of my ht's signature) has/have authority to manage is/are: Title or Capacity:	d liability company at the position this capacity. I furthed aduties, and I am familiar
e attachments if necessary)	aving been named as resignated in this applicated on this applicated comply with the provised accept the obligation. The name, title or capa Title or Capacity:	stance: In the segment and to accept service of the appointment of all statutes relative to the properties of my position as registered agent of the properties and address of the person(s) who Name and Address: 12830 Hillcrest Rd.	of process for the above stated limite t as registered agent and agree to accer and complete performance of my ht's signature) has/have authority to manage is/are: Title or Capacity:	d liability company at the position this capacity. I furthed aduties, and I am familiar
e attachments if necessary)	aving been named as resignated in this applicated in this applicated comply with the provising accept the obligation. The name, title or capating a Capacity:	stance: In the segment and to accept service of the appointment of all statutes relative to the properties of my position as registered agent of the properties and address of the person(s) who Name and Address: 12830 Hillcrest Rd.	of process for the above stated limite t as registered agent and agree to accer and complete performance of my ht's signature) has/have authority to manage is/are: Title or Capacity:	d liability company at the position this capacity. I furthed aduties, and I am familiar
e attachments if necessary)	aving been named as resignated in this applicated in this applicated comply with the provising accept the obligation. The name, title or capating a Capacity:	stance: In the segment and to accept service of the appointment of all statutes relative to the properties of my position as registered agent of the properties and address of the person(s) who Name and Address: 12830 Hillcrest Rd.	of process for the above stated limite t as registered agent and agree to accer and complete performance of my ht's signature) has/have authority to manage is/are: Title or Capacity:	d liability company at the position this capacity. I furthed aduties, and I am familiar
	aving been named as resignated in this application and accept the obligation. The name, title or capation are application. Trustee, Member	stance: In a separate service of the service of th	of process for the above stated limite t as registered agent and agree to accer and complete performance of my ht's signature) has/have authority to manage is/are: Title or Capacity:	d liability company at the position this capacity. I furthed aduties, and I am familiar
	laving been named as reesignated in this applicate comply with the provisind accept the obligation. 3. The name, title or capa Title or Capacity:	stance: Ingistered agent and to accept service of Ition, I hereby accept the appointment ions of all statutes relative to the prop Is of my position as registered agent (Registered agent acity and address of the person(s) who Name and Address:	of process for the above stated limited as registered agent and agree to active and complete performance of my (1's signature) has/have authority to manage is/are:	d liability comp t in this capacit duties, and I a
GREBOR BRIEF INC. IAW OF WIRCH ITS OFFINIZED. THE INC. CETTINGAIC IS IN A INTERIOR IANOUAGE, A TRANSISTION Of the certificate under	aving been named as resignated in this applicated in this applicated comply with the provised accept the obligation. The name, title or capated accept the or Capacity: Trustee, Member Jse attachments if neces Attached is a certificate	sary) Itance: Ingistered agent and to accept service of tion, I hereby accept the appointment ions of all statutes relative to the property of my position as registered agent (Registered agent) Italian (Registered agent) It	of process for the above stated limited as registered agent and agree to accept and complete performance of my only signature) has/have authority to manage is/are: Title or Capacity: M. Drew Siegel d. duly authenticated by the official h	d liability company at the part in this capacity. I further duties, and I am familiar Name and Address:
ediction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under translator must be submitted)	Taving been named as resignated in this applicate comply with the provise and accept the obligation. The name, title or capa Title or Capacity: Trustee, Member Use attachments if neces Attached is a certificate risdiction under the law	stance: In the segment and to accept service of tion, I hereby accept the appointment ions of all statutes relative to the property of my position as registered agent (Registered agent) It is a second address of the person(s) who Name and Address: 12830 Hillcrest Rd. Suite 231 Dallas, Texas 75230 sary) of existence, no more than 90 days old of which it is organized. (If the certification is suited as a second accept the appointment is a second accept the a	of process for the above stated limited as registered agent and agree to accept and complete performance of my only signature) has/have authority to manage is/are: Title or Capacity: M. Drew Siegel d. duly authenticated by the official h	d liability company at the part in this capacity. I further duties, and I am familiar Name and Address:
	Taving been named as resignated in this applicate comply with the provise and accept the obligation. The name, title or capatitle or Capacity: Trustee, Member Use attachments if neces Attached is a certificate risdiction under the law of the translator must be seen. This document is exected.	stance: In the segment and to accept service of tion, I hereby accept the appointment ions of all statutes relative to the property of my position as registered agent. In the segment of the person (s) who segment o	of process for the above stated limited as registered agent and agree to accer and complete performance of my has/have authority to manage is/are: Title or Capacity: d. duly authenticated by the official has ate is in a foreign language, a translated to the cate is in a foreign language.	Name and Address: aving custody of records in that any false information

Typed or printed name of signee

* Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for 19915 Gulf Boulevard, LLC (file number 802954905), a Domestic Limited Liability Company (LLC), was filed in this office on March 06, 2018.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on April 19, 2018.





Rolando B. Pablos Secretary of State

: (512) 463-5709 Dial: 7-1-1 for Relay Services TID: 10264 Document: 808675350004

Phone: (512) 463-5555 Prepared by: SOS-WEB