

5/9/2018

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : GILMAN CIOCIA INC.
Account Number : I20120000051
Phone : (305)937-7773
Fax Number : (815)301-2897

**Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.

Email Address: NADYA.USOVICH@GTAX.COM

Foreign Limited Liability Company
MCN ENTERPRISE LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

K. SALY
MAY 10 2018

RECEIVED
2018 MAY -9 PM 3:12
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
18 MAY -9 AM 9:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MCN ENTERPRISE 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:

STEVEN LEVY

Name of Person

GILMAN CIOCIA

Firm/Company

2875 NE 191 STREET SUITE 601

Address

AVENTURA, FL 33180

City/State and Zip Code

NADYA.USOVICH@GTAX.COM

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

For further information concerning this matter, please call:

NADYA U

305

692-5204

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 605.0402, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. MCN ENTERPRISE LLC

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

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

2. DELAWARE

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 90-0937357

(EIN Number, if applicable)

4. 04/26/2018

(Date first commenced business in Florida, if prior to registration.
(See sections 605.0401 & 605.0405, F.S., to determine liability.)

5. 1804 S CLEVELAND ST

(Street Address of Principal Office)

HOLLYWOOD, FL 33023

6. 1804 S CLEVELAND ST

(Mailing Address)

HOLLYWOOD, FL 33023

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

Name: STEVEN LEVY

Office Address: 2875 NE 191 STREET SUITE 601

AVENTURA

Florida 33180

(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.

(Registered agent's signature)

8. 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:

MANAGER

MENACHEM WALDSHIN

1804 S CLEVELAND ST

HOLLYWOOD, FL 33023

(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.

(Signature of an authorized person)

MENACHEM WALDSHIN

(Typed or printed name of signer)

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18 MAY -9 AM 9:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "MCN ENTERPRISE 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 APRIL, A.D. 2018.

FILED
18 MAY -9 AM 9:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



5284704 8300

SR# 20182973021

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


Jeffrey W. Bullock, Secretary of State

Authentication: 202573733

Date: 04-24-18