## M18000005941

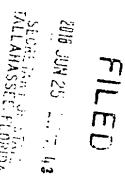
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
Certified Copies Certificates of Status
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June 6, 2018

JAMIE TARICH 1946 TYLER ST HOLLYWOOD, FL 33020

SUBJECT: MAGNUM 202 WEST TRADE, LLC

Ref. Number: W18000052869

We have received your document for MAGNUM 202 WEST TRADE, LLC and your check(s) totaling \$570.00. 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 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.

Letter Number: 918A00011802

Justin M Shivers
Regulatory Specialist II Supervisor
Registration/Qualification Section

## • COYER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	MAGNUM 202 WE	EST TRADE, LLC		
SOBSET.	•	Name of	Limited Liability Company	<u> </u>
				ansact Business in Florida," Certificate of y company to transact business in Florida
Please return	all correspondence o	concerning this matter to the	following:	
	JAMIE TARIC	°H		
	<del></del>	N	ame of Person	<u> </u>
	THE TARICH	LAW FIRM P.A.		
		F	rm/Company	
	1946 TYLER S	STREET		
			Address	
	HOLLYWOOI	D. FLORIDA 33020		
		City/S	tate and Zip Code	
	JAMIE@THETA	ARICHLAWFIRM.COM		
		E-mail address: (to be use	d for future annual report no	tification)
For further i	nformation concernin	g this matter, please call:		
JA	MIE TARICH		305 503-50	
	Name o	f Contact Person	Area Code Day	ytime 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		
	a check for the follow \$125.00 Filing Fee	ing amount: ☐ \$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 COMPTANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED FABILITY COMPANY TO TRANSACT BUSINESS IN THE SEATE OF FLORIDA:

(If name unavailable, enter alternate r	nine adopted for the purpose of transacting bus	iness in Florida. The alteri	nate name must include "Unnited Liab	stny Company, 171, 1, C, 1 or #14 C )
2. Delaware		3.		
(Jurisdiction under the law of w	hich foreign limited liability company is organi-	red)	(FEI numb	er, if applicable)
t				
···	(Date first transacted business in Florida (See sections 605 4904 & 605,0905, F.S.)	, if prior to registration )	ulas i	
5. 6109 NW 6TH COUR			109 NW 6TH COURT	25 B
Sirect Address of	Principal Office)	0. <u>-</u>	(Mailing Addi	(65)
MIAMI, FLORIDA 3.	3127	<u>N</u>	IIAMI, FLORIDA 33127	
				53.5
		<del></del>		- C1
7. Name and street addre	ss of Florida registered agent: (P	O. Box NOT acc	ceptable)	UN 25 THASSEE FE
	— THE TARICH LAW FIRM P.		•	
Name:	THE TAKIOT LAW TIMET.		<del></del>	Bi ≠
Office Address:	1946 TYLER STREET			i- Gr
	HOLLYWOOD		m. + 1 33020	
	(Cip.)		. Florida 33020 (Zip code	<del></del>
Registered agent's accep	•		. ,	
•				
	Registe	red agent's signature)		
8. The name, title or cap			thority to manage is/are:	
8. The name, title or cap Title or Capacity:	acity and address of the person(s	) who has/have au	thority to manage is/are:	Name and Address;
	acity and address of the person(s	) who has/have au		Name and Address;
Title or Capacity:	acity and address of the person(s  Name and Address:  CLAUDIO COHEN  6109 NW 6TH COUR	) who has/have au <u>Title</u>		Name and Address;
Title or Capacity:	acity and address of the person(s  Name and Address:  CLAUDIO COHEN	) who has/have au <u>Title</u>		Name and Address:
Title or Capacity:	acity and address of the person(s  Name and Address:  CLAUDIO COHEN  6109 NW 6TH COUR	) who has/have au <u>Titl</u>		Name and Address;
Title or Capacity:	acity and address of the person(s  Name and Address:  CLAUDIO COHEN  6109 NW 6TH COUR	) who has/have au <u>Titl</u>		Name and Address;
Title or Capacity:	acity and address of the person(s  Name and Address:  CLAUDIO COHEN  6109 NW 6TH COUR	) who has/have au <u>Titl</u>		Name and Address;
Title or Capacity: MANAGER	acity and address of the person(s  Name and Address:  CLAUDIO COHEN  6109 NW 6TH COUR  MIAMI, FL 33127	) who has/have au <u>Titl</u>		Name and Address;
Title or Capacity:  MANAGER  (Use attachments if nece	acity and address of the person(s  Name and Address:  CLAUDIO COHEN  6109 NW 6TH COUR  MIAMI, FL 33127	) who has/have au Title	e or Capacity:	
Title or Capacity:  MANAGER  (Use attachments if nece  9. Attached is a certificate	acity and address of the person(s  Name and Address:  CLAUDIO COHEN  6109 NW 6TH COUR  MIAMI, FL 33127  ssary)  e of existence, no more than 90 d	) who has/have au Title  RT  ays old, duly author	e or Capacity:	oving custody of records in the
Title or Capacity:  MANAGER  (Use attachments if nece)  Attached is a certificate jurisdiction under the law	acity and address of the person(s  Name and Address:  CLAUDIO COHEN  6109 NW 6TH COUR  MIAMI, FL 33127  ssary)  e of existence, no more than 90 d of which it is organized. If the company of the company	) who has/have au Title  RT  ays old, duly author	e or Capacity:	oving custody of records in the
Title or Capacity:  MANAGER  (Use attachments if nece)  Attached is a certificate jurisdiction under the law of the translator must be seen	acity and address of the person(s  Name and Address:  CLAUDIO COHEN  6109 NW 6TH COUR  MIAMI, FL 33127  ssary)  e of existence, no more than 90 d of which it is organized. If the cubmitted)	ays old, duly authorertificate is in a fo	enticated by the official ha	iving custody of records in the ion of the certificate under oath
Title or Capacity:  MANAGER  (Use attachments if nece.)  Attached is a certificate jurisdiction under the law of the translator must be seen.)  This document is executed the second content of the translator must be seen.	acity and address of the person(s  Name and Address:  CLAUDIO COHEN  6109 NW 6TH COUR  MIAMI, FL 33127  ssary)  e of existence, no more than 90 d of which it is organized. If the caubmitted)  cuted in accordance with section of the course o	ays old, duly authorertificate is in a fo	enticated by the official ha oreign language, a translat	iving custody of records in the ion of the certificate under oath
Title or Capacity:  MANAGER  (Use attachments if nece.)  Attached is a certificate jurisdiction under the law of the translator must be seen.)  This document is executed the second content of the translator must be seen.	acity and address of the person(s  Name and Address:  CLAUDIO COHEN  6109 NW 6TH COUR  MIAMI, FL 33127  ssary)  e of existence, no more than 90 d of which it is organized. If the cubmitted)	ays old, duly authorertificate is in a fo	enticated by the official ha oreign language, a translat	iving custody of records in the ion of the certificate under oath
Title or Capacity:  MANAGER  (Use attachments if nece.)  Attached is a certificate jurisdiction under the law of the translator must be seen.)  This document is executed the second control of the translator must be seen.	acity and address of the person(s  Name and Address:  CLAUDIO COHEN  6109 NW 6TH COUR  MIAMI, FL 33127  ssary)  e of existence, no more than 90 d of which it is organized. If the caubmitted)  cuted in accordance with section of the course o	ays old, duly authorertificate is in a fo	enticated by the official ha oreign language, a translat Florida Statutes. I am awar felony as provided for in	iving custody of records in the ion of the certificate under oath
Title or Capacity:  MANAGER  (Use attachments if nece.)  Attached is a certificate jurisdiction under the law of the translator must be seen.)  This document is executed the second content of the translator must be seen.	acity and address of the person(s  Name and Address:  CLAUDIO COHEN  6109 NW 6TH COUR  MIAMI, FL 33127  ssary)  e of existence, no more than 90 d of which it is organized. If the caubmitted)  cuted in accordance with section of the course o	ays old, duly authorertificate is in a fo	enticated by the official ha oreign language, a translat Florida Statutes. I am awar felony as provided for in	iving custody of records in the ion of the certificate under oath

Typed or printed name of signee



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

DELAWARE, DO HEREBY CERTIFY THAT "MAGNUM 202 WEST TRADE, LLC" IS

DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR

REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY

AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF FORMATION, FILED THE TENTH DAY OF FEBRUARY, A.D. 2017, AT 4:59 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CERTIFICATE IS THE ONLY PAPER OF RECORD, THE LIMITED LIABILITY

COMPANY IN QUESTION NOT HAVING FILED AN AMENDMENT NOR HAVING

MADE ANY CHANGE WHATSOEVER IN THE ORIGINAL CERTIFICATE AS FILED.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MAGNUM 202
WEST TRADE, LLC" WAS FORMED ON THE TENTH DAY OF FEBRUARY, A.D.
2017.

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

8315 3309031

Authentication: 202632783

Date: 05-03-18