## M1800000006506

(Req	uestor's Name)			
(Addı	ress)			
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(City/	State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				
cost wis:	38423			

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BECRETARY OF STATE

O SIMMONS JUL 1 7 2018



April 24, 2018

VALERIA SCHVARTZMAN 12550 BISCAYNE BLVD, STE 406 NORTH MIAMI, FL 33181

SUBJECT: PROP 2283 LLC Ref. Number: W18000038423

We have received your document for PROP 2283 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.

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

Letter Number: 418A00008346

Octavia L Simmons Regulatory Specialist III

## **COVER LETTER**

FO: Registration Section Division of Corporations				
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 Florid				
Please return all correspondence concerning this matter to the following:				
Valeria Schvartzman Name of Person				
Name of Person				
Law office of Valoria Schvartzman Firm/Company				
Firm/Company				
12550 BISUIQUE Elvd Suite 406				
North Mans FL, 33181 City/State and Zip Code				
Valeria 2 Schvlaw. con  E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
ANDRES CANEISON at (305) 974 014  Name of Contact Person Area Code Daytime Telephone Number				
Name of Contact Person Area Code Daytime Telephone Number				
MAILING ADDRESS:  Division of Corporations  Registration Section  P.O. Box 6327  Tallahassec, 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:  State				

## 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 FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Prop 2.283 (Name of Foreign	LLC Limited Liability Company; must include "Limite	ed Liability Company," "L.L.C.," or "LLC."	)
(If name unavailable, enter alternate na	une adopted for the purpose of transacting business in Flo		
2. DELAWARE	uch foreign limited liability company is organized)	3. <u>47 - 151 9 00 6</u> (FEI nur	her if annieshie)
() displaced make the may of wh	and total and	(- D	~~···
4,	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	registration.)	<del></del>
. 1255 0.5			1141 #11-C
(Street Address of P	Te UVC #406 FC 33181	6. 12550 BISCA SNE	fress)
North MIDNI,	FL, 33181	North MIAMI FC	33/8/2 7
2 31	ETI	NOThia	
7. Name and street addres	s of Florida registered agent: (P.O. Box		mgn <b>32</b>
Name:	LAN office of Valeria so		6 4
Office Address:	12550 BISCAGNE Clud	suite 406	10 mg/m
	North MIANI (City)	. Florida 33181	
designated in this upplica- to comply with the provisi and accept the obligations	gistered agent and to accept service of tion, I hereby accept the appointment of ons of all statutes relative to the proper of my position as registered agent.  VALCIO SCAVATIZATION (Registered gent's (Registered gent's notity and address of the person(s) who have and Address:  NANCY A. FERRADO NOTE OF SERVICE STATE	as registered agent and agree to accept and complete performance of my signsture authority to manage is/arc:  Title or Capacity:	t in this capacity. I further agre
		<del>-</del>	
(Use attachments if neces:	sary)		
jurisdiction under the law of the translator must be su 10. This document is execu-	uted in accordance with section 605.000 the Department of State constitutes a	ate is in a folgign language, a transla (1) (b), Florida Statutes. I am awa	tion of the certificate under oath re that any false information

Page 1



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

DELAWARE, DO HEREBY CERTIFY "PROP 2283 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 THIRTEENTH DAY OF JUNE, A.D. 2018.

Authentication: 202871884

Date: 06-13-18