

M18000008072

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

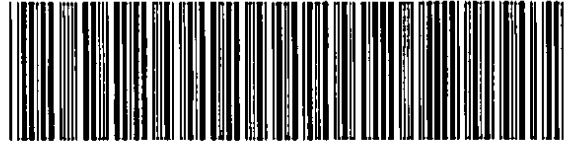
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2018 SEP -4 P 2 41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SEP 04 2018

M. SOLIMON

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CYPRESS BEND INVESTMENT 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:

JORGE VIGO

Name of Person

VIGO & VIGO CPAS LLP

Firm Company

5805 BLUE LAGOON DR. STE #300

Address

MIAMI, FL 33126

City, State and Zip Code

VIGOVIGOCPA@AOL.COM

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

For further information concerning this matter, please call:

JORGE VIGO

Name of Contact Person

305

Area Code

266-1812

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  
TRANSACTION BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0602, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A  
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. CYPRESS BEND INVESTMENT 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 transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC")

2. DELAWARE

3. 30-1080223

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

(FEI number, if applicable)

4. (Date first transacted business in Florida, if prior to registration)  
(See sections 605.0901 & 605.0905, F.S., to determine penalty liability)

5. 2626 NW 97TH AVE DORAL, FL 33172

(Street Address of Principal Office)

6. 2626 NW 97TH AVE DORAL, FL 33172

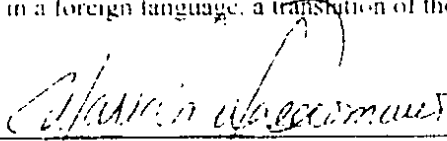
(Mailing Address)

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

MARIA G. CECCOMANCINI - MANAGER

2626 NW 97TH AVE DORAL, FL 33172

8. Attached is an original 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. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)



Signature of an authorized person

(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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. 817.03.)

MARIA G. CECCOMANCINI

Typed or printed name of signer

SECRETARY OF STATE  
ALLAHADSEE, FLORIDA

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FILED

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is

**CYPRESS BEND INVESTMENT LLC**

If unavailable, the alternate to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

**MARIA G. CECCOMANCINI**

(Name)

**2626 NW 97TH AVE**

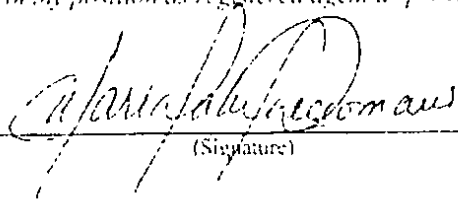
Florida Street Address (P.O. Box NOT ACCEPTABLE)

**DORAL**

**FL 33172**

City State Zip

*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 certificate. 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes.*

  
(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

CLERK OF STATE  
TALLAHASSEE, FLORIDA

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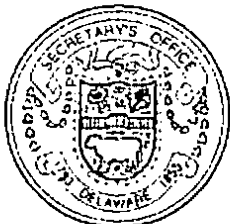
**FILED**

# Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "CYPRESS BEND INVESTMENT 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 TWENTIETH DAY OF AUGUST, A.D. 2018.

  
Jeffrey W. Bullock, Secretary of State

Authentication: 203278331

Date: 08-20-18

6884314 8300

SR# 20186142224

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 3, 2018

JORGE VIGO  
VIGO & VIGO CPAS LLP  
5805 BLUE LAGOON DR. STE #300  
MIAMI, FL 33126

SUBJECT: CYPRESS BEND INVESTMENT LLC  
Ref. Number: W18000070788

We have received your document for CYPRESS BEND INVESTMENT LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following:

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) 245-6052.

Mel Solomon  
Regulatory Specialist II Supervisor

Letter Number: 618A00016010