# M 1900000337

(Requestor's Name)
(Address)
•
(Address)
·
(City/State/Zip/Phone #)
(Only, State) E.p., Notice 17
PICK-UP WAIT MAIL
(Business Entity Name)
. (Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



900322078229

12/28/18--01015--027 \*\*180.00

18 DEC 28 PH 1: 28

M sellers

## COVER LETTER

18 2

UBJECT:	arrahee Apex LLC				
	Na	me of Limited Liability (	Company		
			ntion to Transact Business in Florida," Cert ted liability company to transact business i		
lease return all	correspondence concerning this matter	r to the following:			
-	Victor Saizarbitoria				
		Name of Person			
	Inaki Saizarbitoria, Esq., P.A.				
		Firm/Company			
	21 SW 15th Road, Suite 200				
		Address			
	Miami, FL 33129				
		City/State and Zip Code			
,	Info@lnakilaw.com				
	E-mail address: (to	be used for future annua	report notification)		
or further info	mation concerning this matter, please of	call:			
Victor	Saizarbitoria	305 at (	3744106		
	Name of Contact Person	Area Code	Daytime Telephone Number		
	ING ADDRESS:		STREET ADDRESS:		
Division of Corporations			Division of Corporations		
Registration Section			Registration Section		
P.O. Box 6327 Tallahassee, FL 32314			Clifton Building 2661 Executive Center Circle		
i (iiiaii)	13300.71, 32.717		Tallahassee, FL 32301		

### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLENCE 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:

(If name unavailable, enter alternate in	ame adopted for the purpose of transacting business in Fl	orida The al	ternate name must include "Limited Liability Company," "L.L.C," or "LLC."		
Delaware 2.		3.			
(Jurisdiction under the law of w	hich foreign limited liability company is organized)		3(FEI number, (l'applicable)		
4.					
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determ	registration tine penalty	i) habihiy)		
2350 Coral Way			2350 Coral Way		
(Street Address of I	Principal Office)		(Mailing Address)		
Unit 401		Unit 401			
Miami, FL 33145			Miami, FL 33145		
7. Name and <u>street addres</u>	ss of Florida registered agent: (P.O. Bo	x <u>Not</u> a	acceptable)		
Name:	Victor Saizarbitoria				
Office Address:	21 SW 15th Road, Suite 200				
	Miami		33129		
	(Cuty)		, Florida(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.

Mayata
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Name and Address: Title or Capacity: Tassanee Vancouver MGR 836 Wilton Way Drive Plant City, FL 33563 (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 Rodobaldo Duaites

Typed or printed name of signee



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

DELAWARE, DO HEREBY CERTIFY "CURRAHEE 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 NINETEENTH DAY OF DECEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CURRAHEE LLC"
WAS FORMED ON THE TWENTY-EIGHTH DAY OF NOVEMBER, A.D. 2018.

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

Authentication: 204141067

Date: 12-19-18

### STATE OF DELAWARE CERTIFICATE OF AMENDMENT

Name of Limited	Liability Company: Currahee	LLC
The Certificate of	of Formation of the limited liability co	ompany is hereby ame
as follows:	·	. ,
FIRST		
Name The name of	the limited liability co	mnanu ic:
Currahee Apo		шћана тр:
L		
IN WITNESS W	HEREOF, the undersigned have ex-	ecuted this Certificate
the 21st	day ofDecember	, A.D. <sup>2018</sup>
		,
	- Fat 1	Die.
	Ву:	7
	Aut	horized Person(s)
	Name. Patrick	Brickhouse
	Name: Patrick	Brickhouse Print or Type