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Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:]
W19-2873	Сио	
	Office Use Only	1



12/21/18--01023--018 **500.00



K. SALY FEB 22 2019



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 10, 2019

OSCAR OSPINA PARAMOUNT RESIDENCES 1010 NE 2ND AVE. MIAMI, FL 33132

SUBJECT: CENTURION TOWER MWC, LLC Ref. Number: W19000002873

We have received your document for CENTURION TOWER MWC, LLC and your check(s) totaling \$500.00. 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 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.

Karen A Saly Regulatory Specialist II

Letter Number: 519A00000737

COVER	LETTER
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TO: Registration Section Division of Corporations

CENTURION TOWER MWC, LLC

SUBJECT: _

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:

OSCAR OSPINA

\$125.00 Filing Fee

Name of Person PARAMOUNT RESIDENCES Firm/Company 1010 NE 2ND AVENUE Address MIAMI, FL 33132 City/State and Zip Code OSCAR@PARAMOUNTRESIDENCES.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: OSCAR OSPINA 786 363-9050 at (Name of Contact Person Area Code Daytime Telephone Number MAILING ADDRESS: STREET ADDRESS: **Division of Corporations** Division of Corporations Registration Section **Registration Section** Clifton Building P.O. Box 6327 Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301 Enclosed is a check for the following amount:

\$155.00 Filing Fee &

Certified Copy

\$160.00 Filing Fee, Certificate

of Status & Certified Copy

S130.00 Filing Fee &

Certificate of Status

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

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IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN-LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

, CENTURION TOWER MWC, LLC

If name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Flor	da. The alternate name must include "Limited I	Liability Company," "L.L.C," or "LLC.")
DELAWARE STATE		83-2269232	
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	3(FE1 nu	imber, if applicable)
	(Date first transacted business in Florida, if prior to r (See sections 605.0904 & 605.0905, F.S. to determine	rgistration.) e penalty liability}	<u></u>
1010 NE 2ND AVEN	JE	1010 NE 2ND AVENUE	
(Street Address of I	Principal Office)	6 (Mailing A	(dress)
MIAMI, FL 33132		MIAMI, FL 33132	
		·	<u> </u>
". Name and street addres	ss of Florida registered agent: (P.O. Box	NOT_acceptable)	
			ASS ASS
Name:	SERGIO MOISES		FE.F.
i suite.			FOR
Office Address:	1010 NE 2ND AVENUE		RIDE
	MIAMI	33132	
	(Cn))	, Florida Zip c	ode)
Registered agent's accep			
laving been named as re	gistered agent and to accept service of p tion, I hereby accept the appointment as	rocess for the above stated limite	ed liability company at the place ct in this canacity. I further agree
o comply with the provisi	ions of all statutes relative to the proper		
nd accept the obligation.	s of my position as registered agent.		
		m	<u> </u>
	(Registeres algent's si	gnature)	
		Υ.	

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: <u>Title or Capacity:</u> <u>Name and Address:</u>

MGR	DANIEL KODSI
	1010 NE 2ND AVENUE
	MIAMI, FL 33132
	FILED SECRETARY OF STATE
	FLORID

(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.





The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CENTURION TOWER MWC, 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-THIRD DAY OF JANUARY, A.D. 2019.



Page 1



Jeffrey W of State

Authentication: 202132274

Date: 01-23-19

7095030 8300

SR# 20190446386 You may verify this certificate online at corp.delaware.gov/authver.shtml