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(City	//State/Zip/Phon	e #)
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SECRETARY OF STATE

K. SALY FEB 22 2019



January 10, 2019

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

SUBJECT: MIROMAR LAKES G PARCEL, LLC

Ref. Number: W19000002876

We have received your document for MIROMAR LAKES G PARCEL, 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.

Letter Number: 719A00000738

Karen A Saly Regulatory Specialist II

www.sunbiz.org

COVER LETTER

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TO:	Registration Section Division of Corporations		
SUBJE	MIROMAR LAKES G PARCEL, LLC		
0000	Name of Limited Liability Company		
	losed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of ce, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.		
Please r	eturn all correspondence concerning this matter to the following:		
	OSCAR OSPINA		
	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 furt	her 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 CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301		
Enclose	d is a check for the following amount: \$\frac{1}{4}\$		

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

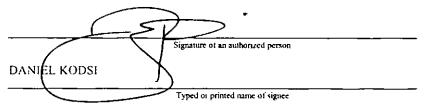
IN COMPILANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. MIROMAR LAKES G	PARCEL, LLC Limited Liability Company; must include	"Limited Liability	Company," "L.IC.," or "LLC.")	
		· · · · · · · · · · · · · · · · · · ·		hali on atton
	ame adopted for the purpose of transacting busin	less in Florida. The all		mpany," "L.L.C," or "LLC.")
DELAWARE STATE 2	hich foreign limited liability company is organize	3.	83-1981421 (FEI number, if app	
(Jurisdiction under the law of w	hich foreign limited liability company is organize	d)	(Fig.) number, if app	dicable)
1	(Date first transacted business in Florida,	if prior to registration.	<u> </u>	
	(Date first transacted business in Florida, (See sections 605,0904 & 605,0905, F.S.)	to determine penalty l	ability)	
1010 NE 2ND AVENU 5		6.	1010 NE 2ND AVENUE	
(Street Address of I	rincipal Office)	0.	(Mailing Address)	
MIAMI, FL 33132			MIAMI, FL 33132	
				3E 19
-				<u> </u>
				- E
 Name and street addres 	ss of Florida registered agent: (P.0	O. Box <u>NOT</u> a	cceptable)	21 PH TANY OF HASSEE.
	CERCIO MOISES			
Name:	SERGIO MOISES			2: 58 FLORIC
Office Address:	1010 NE 2ND AVENUE			D'm W.
	MIAMI		33132 , Florida	
	(Cys)		(Zip code)	
designated in this applica to comply with the provisi	gistered agent and to accept servition, I hereby accept the appoints ons of all statutes relative to the soft my position as registered age	ment ds registe proper and con nt.	red agent and agree to act in this	capacity. I further agr.
	(Regulière	/gent(*x signature)		

Title or Capacity:	address of the person(s) who has/have authority to manage is/are: Name and Address:	
MGR	DANIEL KODSI	
	1010 NE 2ND AVENUE	
	MIAMI, FL 33132	_
		_
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		EB 21 PA
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(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.



Page 1



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

DELAWARE, DO HEREBY CERTIFY "MIROMAR LAKES G PARCEL, 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.





Authentication: 202132297

Date: 01-23-19