

M19000002531

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

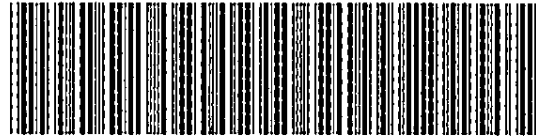
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2019 MAR -1, PM 2:39
TALLAHASSEE, FL 32309

BRUCE
MAR 18 2019

COVER LETTER

TO: Registration Section
Division of Corporations

NIKUSA23, 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:

Beatrice Bianchi Fasani

Name of Person

BFF LEGAL

Firm/Company

420 Lincoln Road, Suite 357,

Address

Miami Beach

City/State and Zip Code

bbianchi@bfflegal.com

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

For further information concerning this matter, please call:

Beatrice Bianchi Fasani

305

489-9100

at (_____) _____

Name of Contact Person

Area Code

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:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- ☒ \$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

2019 MAR -4 PM 2:39
FILED
CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
THE NINTH JUDICIAL CIRCUIT
TALLAHASSEE, FLORIDA

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

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:

NIKUSA23, LLC

1. _____
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," 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," "L.L.C.," or "LLC.")

DELAWARE

83-3252079

2. _____ 3. _____
(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 605.0904 & 605.0905, F.S. to determine penalty liability.)

480 NE 31st Street

420 Lincoln Road, Suite 357

(Street Address of Principal Office)

6. _____
(Mailing Address)

Miami FL, 33137

Miami Beach, Florida, 33139

Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

BFF MANAGEMENT SERVICES, INC

Name: _____

420 Lincoln Road, Suite 357

Office Address: _____

Miami Beach

33139

(City)

Florida _____
(Zip code)

ered agent's acceptance:

I have been named as registered agent and to accept service of process for the above stated limited liability company at the place stated 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.

(Registered agent's signature)

FILED
2019 MAR -11 PM 2:39
CLERK OF CIRCUIT COURT
MIAMI BEACH, FLORIDA

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:

Name and Address:

☒ Manager Name: Beatrice Bianchi Fasani
420 Lincoln Road, Suite 357
☐ Member Address: Miami Beach, FL 33139
☐ Authorized
Person
☐ Other ☐ Other

☐ Manager Name:
☐ Member Address:
☐ Authorized
Person
☐ Other ☐ Other

Manager Name:
Member Address:
Authorized
Person
her ☐ Other

Title or Capacity:

Name and Address:

☒ Manager Name: Simon Misfud
65 B' Kara Hill,
☐ Member Address: St Julian's, Malta
☐ Authorized
Person
☐ Other ☐ Other

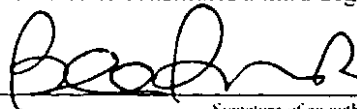
☐ Manager Name:
☐ Member Address:
☐ Authorized
Person
☐ Other ☐ Other

☐ Manager Name:
☐ Member Address:
☐ Authorized
Person
☐ Other ☐ Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-individuals may be added to the index when filing your Florida Department of State Annual Report form.

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 and a translator must be submitted)

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information provided 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

Beatrice Bianchi Fasani, Manager

Typed or printed name of signee

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "NIKUSA23, 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-SIXTH DAY OF DECEMBER, A.D. 2018.

2019 MAR -4 PM 2:09
SECRETARY'S OFFICE
DELAWARE




Jeffrey W. Bullock, Secretary of State

7203275 8300

IR# 20188262706

ou may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204177052

Date: 12-26-18