

MI9000002917

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

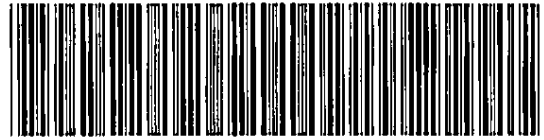
(Document Number)

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

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U.S. DEPARTMENT OF JUSTICE

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

2019 MAR 25 PM 1:47

FILED

JLS  
3-26-19



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 18, 2019

CATHERINE QUINN  
1102 49TH AVE APT 4F  
LONG ISLAND CITY, NY 11101 US

SUBJECT: PARAISO BAY VIEWS LLC  
Ref. Number: W19000010968

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

You failed to make the correction(s) requested in our previous letter.

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 the corrected original and one copy of 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.

Janeice L Smith  
Regulatory Specialist II  
Registration Section

Letter Number: 619A00002390

March 13, 2019

Janeice L Smith  
Regulatory Specialist  
Florida Department of State  
2661 Executive Center Circle  
Tallahassee, FL 32301

Re: Paraiso Bay Views LLC  
Ref # W19000010968

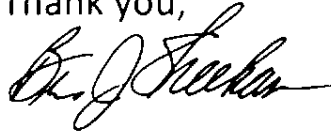
Dear Ms Smith:

Enclosed please find a new application by a Foreign Limited Liability Company for Authorization to Transact Business in Florida for Paraiso Bay Views 3307 LLC, a NY Limited Liability Company. The prior name shown above was rejected.

Paraiso Bay Views LLC is a NY LLC. I checked the FL SOS website and found that the name Paraiso Bay Views 3307 LLC is available for use. I reserved and then changed the name in NY to Paraiso Bay Views 3307 LLC. I have enclosed a copy of your rejection letter, the cover letter and application for the new name, a certified original of the name change reservation in NY and a copy of the latest listing on the NY Secretary of State's website for Paraiso Bay Views 3307 LLC.

Please credit the prior amount paid to register this NY LLC in FL. I will order additional certified originals if this is accepted.

Thank you,

A handwritten signature in black ink, appearing to read "Brian J Sheehan", written in a cursive style.

Brian J Sheehan  
646-924-5535  
brianjsheehan1@gmail.com



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 2, 2019

CATHERINE QUINN  
1102 49TH AVE APT 4F  
LONG ISLAND CITY, NY 11101 US

SUBJECT: PARAISO BAY VIEWS LLC  
Ref. Number: W19000010968

We have received your document for PARAISO BAY VIEWS LLC and your check(s) totaling \$125.00. 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.

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

Please return the corrected original and one copy of 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.

Janeice L Smith ✓  
Regulatory Specialist II  
Registration Section

Letter Number: 619A00002390

*2661 619A00002390 Chr.  
Tall, Cu  
FL.  
32301*

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PARAIISO BAY VIEWS 3307 LLC, a New York 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:

CATHERINE QUINN  
Name of Person  
Firm/Company  
1102 49TH AVENUE, APT 4F  
Address  
LONG ISLAND CITY, NY 11101  
City/State and Zip Code  
CQuinn@cltic.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CATHERINE QUINN 917 501-2333  
Name of Contact Person at ( ) 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

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:

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

PARAIISO BAY VIEW, 3307 LLC, a New York 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.")

2. QUEENS COUNTY, NY  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 83-3104431  
(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)

5. 1102 49TH AVENUE, APT 4F  
(Street Address of Principal Office)

6. 1102 49TH AVENUE, APT 4F  
(Mailing Address)

LONG ISLAND CITY, NY 11101

LONG ISLAND CITY, NY 11101

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

Name: CATHERINE QUINN

Office Address: 501 NE 31ST STREET, UNIT 3307

MIAMI, Florida 33137  
(City) (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.

  
(Registered agent's signature)

FILED  
2019 MAR 25 PM 1:47  
TALLAHASSEE, 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: CATHERINE QUINN

☒ Member      Address: 1102 49TH AVENUE, APT 4F

☐ Authorized      LONG ISLAND CITY, NY 11101

Person \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

**Title or Capacity:**                      **Name and Address:**

☐ Manager      Name: \_\_\_\_\_

☐ Member      Address: \_\_\_\_\_

☐ Authorized      \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☐ Manager      Name: \_\_\_\_\_

☐ Member      Address: \_\_\_\_\_

☐ Authorized      \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☐ Manager      Name: \_\_\_\_\_

☐ Member      Address: \_\_\_\_\_

☐ 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-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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

CATHERINE QUINN  
\_\_\_\_\_  
Typed or printed name of signee

FILED  
2018 MAR 29 PM 1:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

State of New York  
Department of State } ss:

I hereby certify, that PARAIISO BAY VIEWS LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 01/08/2019, and that the Limited Liability Company is existing so far as shown by the records of the Department.

12 12 19

WITNESS my hand and the official seal  
of the Department of State at the City of  
Albany, this 20th day of March two  
thousand and nineteen.



Whitney Clark  
Deputy Secretary of State