

M190000003515

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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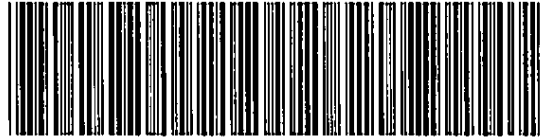
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SAND CASTLE SUNNY ISLES, 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:

SERGIO BOTIFOLL

Name of Person

VILLANUEVA & HIBBE, P.A.

Firm/Company

SANTONA CORNER, 1430 SO. DIXIE HIGHWAY, SUITE 313

Address

CORAL GABLES, FLORIDA 33146

City/State and Zip Code

CL@YACHTCOUNSELOR.COM

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

For further information concerning this matter, please call:

SERGIO BOTIFOLL

305

375-0966

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. SAND CASTLE SUNNY ISLES, LLC

(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.")

2. STATE OF DELAWARE

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 82-5139204

(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. 3411 SILVERSIDE ROAD TATNALL BUILDING

(Street Address of Principal Office)

6. 3211 Ponce De Leon Boulevard

(Mailing Address)

STE 104

Suite 301

WILMINGTON, New Castle, DE 19810

Coral Gables, Florida 33134

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

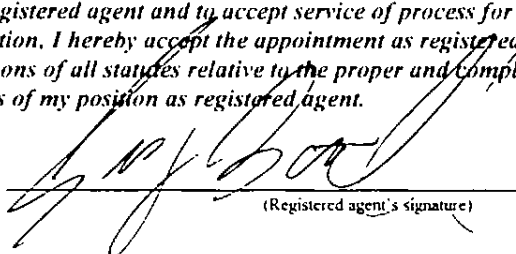
Name: VILLANUEVA & HIBBE, P.A.

Office Address: 1430 S. DIXIE HIGHWAY, SUITE 313

CORAL GABLES, Florida 33146
(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)

2019 APR - 2 01 3:00
RECEIVED
SECRETARY OF STATE

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: JOSEPH MILTON
☐ Member Address: 3211 Ponce De Leon Boulevard
☐ Authorized Suite 301
Person Coral Gables, Florida 33134
☐ Other ☐ Other

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

☒ Manager Name: REX MILTON BARKER
☐ Member Address: 3211 Ponce De Leon Boulevard
☐ Authorized Suite 301
Person Coral Gables, Florida 33134
☐ Other ☐ Other

☒ Manager Name: YOSEF GIL
☐ Member Address: 3211 Ponce De Leon Boulevard
☐ Authorized Suite 301
Person Coral Gables, Florida 33134
☐ Other ☐ Other

☒ Manager Name: GUY GIL
☐ Member Address: 3211 Ponce De Leon Boulevard
☐ Authorized Suite 301
Person Coral Gables, Florida 33134
☐ Other ☐ Other

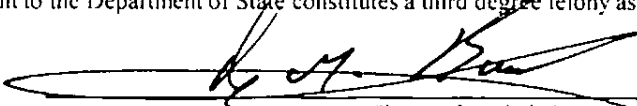
☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ Other ☐ Other

☐ 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
REX M. BARKER
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 "SAND CASTLE SUNNY ISLES, 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 FOURTEENTH DAY OF MARCH, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SAND CASTLE SUNNY ISLES, LLC" WAS FORMED ON THE SIXTH DAY OF APRIL, A.D. 2018.

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



A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

6833558 8300

SR# 20191970599

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

Authentication: 202440245

Date: 03-14-19