

M19000003670

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

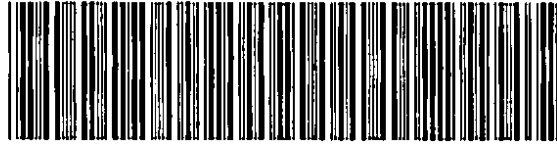
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2019 APR -9 PM 12:14

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YS 4/11/19

✓

Law Offices

## STUART LEVINE, LLC

40 WEST CHESAPEAKE AVENUE  
SUITE 414  
BALTIMORE, MARYLAND 21204

Stuart Levine  
sltax@taxation-business.com

Telephone  
410.630.4422

Telecopier  
410.807.8424

April 5, 2019

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: 657 NE 18<sup>th</sup> St., LLC  
and  
The Drift Inn Café, LLC

FILED  
2019 APR -9 PM 12:14  
GEORGIA SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dear Sir/Madam:

Enclosed, you will find the paperwork for qualification of the two limited liability companies noted above. For each limited liability company you will find the following:

1. Florida's form of cover letter;
2. The Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida;
3. The confirmation by the Maryland State Department of Assessments and Taxation that the articles of organization were filed and the filing accepted on April 4, 2019;
4. A certificate of good standing from the Maryland State Department of Assessments and Taxation; and
5. A check in the amount of \$125.00.

Would you be so kind as to accept these two Applications for filing.

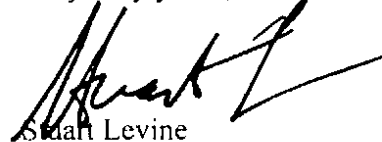
Division of Corporations  
Registration Section  
April 5, 2019  
Page 2

Stuart Levine

If you have any questions, please do not hesitate to contact me.

Thank you.

Very truly yours,



Stuart Levine

Enclosures (as noted)

cc: Michael J. Holzheid ( Via E-Mail Address: [mholzheid@att.net](mailto:mholzheid@att.net), w/copies of enclosures)  
Richard Block, CPA ( Via E-Mail Address: [Richard.Block@wabccpas.com](mailto:Richard.Block@wabccpas.com), w/copies of  
enclosures)  
File

**COVER LETTER**

**TO:**     Registration Section  
          Division of Corporations

**SUBJECT:**   657 NE 18th St., 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:

Stuart Levine

\_\_\_\_\_  
Name of Person

Law Offices of Stuart Levine, LLC

\_\_\_\_\_  
Firm/Company

40 West Chesapeake Avenue, Suite 414

\_\_\_\_\_  
Address

Baltimore, Maryland 21204

\_\_\_\_\_  
City/State and Zip Code

sltax@taxation-business.com

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

2019 APR -9 PM 12:14  
STATE  
TALLAHASSEE, FLORIDA

FILED

For further information concerning this matter, please call:

Stuart Levine

410

630.4422

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

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. 657 NE 8th St., 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. Maryland 3. 83-4283098  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. April 8, 2019  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1011 Bay Street 6. 1011 Bay Street  
(Street Address of Principal Office) (Mailing Address)  
Delray Beach, Florida 33483 Delray Beach, Florida 33483

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

Name: Michael J. Holzheid  
Office Address: 1011 Bay Street  
Delray Beach 33483  
(City) Florida (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.



Michael J. Holzheid 4/5/19  
(Registered agent's signature)

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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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: Michael J. Holzheid	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 1011 Bay Street	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	Delray Beach, Florida 33483	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

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 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**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.817.15, F.S.

**SIGN AND RETURN**

*Michael J. Holzheid* 4/5/19  
 Signature of an authorized person

Michael J. Holzheid

Typed or printed name of signer



Date: 04/04/2019

LAW OFFICES OF STUART LEVINE  
STE. 414  
40 W CHESAPEAKE AVE  
BALTIMORE MD 21204

THIS LETTER IS TO CONFIRM ACCEPTANCE OF THE FOLLOWING FILING:

ENTITY NAME : 657 NE 8TH ST., LLC  
DEPARTMENT ID : W19558949  
TYPE OF REQUEST : ARTICLES OF ORGANIZATION  
DATE FILED : 04-04-2019  
TIME FILED : 02:04 PM  
RECORDING FEE : \$100.00  
EXPEDITED FEE : \$70.00  
FILING NUMBER : 1000362011942069  
CUSTOMER ID : 0003727255  
WORK ORDER NUMBER : 0004943832

PLEASE VERIFY THE INFORMATION CONTAINED IN THIS LETTER. NOTIFY THIS DEPARTMENT IN WRITING IF ANY INFORMATION IS INCORRECT. INCLUDE THE CUSTOMER ID AND THE WORK ORDER NUMBER ON ANY INQUIRIES. APRIL 15 THE FOLLOWING YEAR, AND EACH YEAR THEREAFTER, AN ENTITY SHALL SUBMIT A REPORT ON PERSONAL PROPERTY TO THE DEPARTMENT IN ORDER TO MAINTAIN ITS EXISTENCE, EVEN IF IT DOES NOT OWN ANY PERSONAL PROPERTY. A PERSONAL PROPERTY RETURN FORM CAN BE FOUND ON THE SDAT WEBSITE.

Charter Division  
Baltimore Metro Area (410) 767-1350  
Outside Metro Area (888) 246-5941

**STATE OF MARYLAND**  
***Department of Assessments and Taxation***

I, MICHAEL L. HIGGS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO LIMITED LIABILITY COMPANIES, OR THE RIGHTS OF LIMITED LIABILITY COMPANIES TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT 657 NE 8TH ST., LLC (W19558949) . REGISTERED APRIL 04, 2019, IS A LIMITED LIABILITY COMPANY EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF MARYLAND, AND THAT THE LIMITED LIABILITY COMPANY IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING TO TRANSACT BUSINESS.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS APRIL 04, 2019.



Michael L. Higgs  
Director



301 West Preston Street, Baltimore, Maryland 21201  
Telephone Balto. Metro (410) 767-1344 / Outside Balto. Metro (888) 246-5941 0011500711  
MRS (Maryland Relay Service) (800) 735-2258 TTY/Voice