# M1900004186

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	. (	OVER LETTER		
TO: Registration Section , Division of Corporation	s			
Accesso Master Mar SUBJECT:	agement, LLC			
	Name	of Limited Liability (	Company	
The enclosed "Application by Fore Existence, and check are submittee	eign Limited Liability Co I to register the above ref	ompany for Authoriza ferenced foreign limi	ation to Transa ted liability co	act Business in Florida," Certil ompany to transact business in
Please return all correspondence co	oncerning this matter to t	he following:		
Ariel Bentata				
<del></del>		Name of Person	<u>_</u>	
Accesso Partner	s, LLC			
		Firm/Company	<u> </u>	
100 N. Federal I	lighway, Suite 400			
·		Address	<u> </u>	
Hallandale Beac	h, FL. 33009			
	City	/State and Zip Code		
ariel@accessopart	ners.com			
	E-mail address: (to be u	sed for future annual	report notific:	ation)
For further information concerning	this matter, please call:			
Diana Sanchez		954 at (	454-4665	
Name of	Contact Person	Area Code	Daytime	e Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			STREET AL Division of C Registration S Clifton Build 2661 Executi Tallahassee, I	Corporations Section ing ve Center Circle
Enclosed is a check for the	following amount:	RTMENT OF STAT		

#### 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;

Accesso Master Manag							
(Name of Foreign	Limited Liability Company, must include "Limit	ted Liabilit	y Company," "L.L.C.," or "LLC ")	··			
If name unavailable, enter alternate n	ame adopted for the purpose of transacting business in FI	lorida. The a	Itemate name must include "Limited Liability Compa	ny," "L.L.C.	." ar "LLC.")		
Delaware		3.	35-2627426				
(Jurisdiction under the law of which foreign limited liability company is organized)		ψ.	3(FEI number, if applicable)				
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605,0905, F.S. to determ	o registration nine penalty	.) liability)		n-p-		
100 N. Federal Highway, Suite 400		6.	100 N. Federal Highway, Suite 400 (Mailing Address)		2018 APR		
(Street Address of F	hncipal ()ffice)		(Maiing Address)	2.0			
Hallandale Beach, FL. 33009			Hallandaic Beach, FL. 33009	್ ಭಾಗ್ತ್ಯ ಗಳು	53 Ch		
					 r		
	<u> </u>				<u>ب</u>		
	• • • •			Ša.	C)		
. Name and <u>street addres</u>	s of Florida registered agent: (P.O. Bo)	x <u>NOT</u> a	acceptable)	-8 25			
Name:	Accesso Acquisitions, LLC						
Office Address:	100 N. Federal Highway, Suite 400	· .		nine The State			
	Hallandale Beach		33009 . Florida				

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. /

(Zip code)

(Crty)

1X (Registered agent's signature

#### FILED

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

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<u>Title or Capacity:</u>	Name and Address:	Title or Capacity	ABSET FLOR Name and Address:
Manager	Name: <u>Ariel Bentata</u>	🗌 Manager	Name:
Member	Address:	🔳 Member	Address: 100 N. Federal Hwy, Suite 400
Authorized	Hallandale Beach, FL. 33009	Authorized	Hallandale Beach, FL. 33009
Person		Person	
Other	Other	Other	Other
Manager	Name:	🗍 Manager	Name:
Member	Address: 100 N. Federal Hwy, Suite 400	Member	Address: 100 N. Federal Hwy, Suite 400
Authorized	Hallandale Beach, FL. 33009	Authorized	Hallandale Beach, FL. 33009
Person		Person	
Other	Other	Other	
_			
Manager	Name:	🗌 Manager	Name:
Member	Address:	Member	Address:
Authorized		Authorized	Address:
Person		Person	·····
Other	Other	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.

		5	N V	<del></del>
/	//-	Signature of an authori	zett person	<del></del>
	Moises E	EN24QUEN	Ű	
		Typed or printed name	e of signee	_

### <u>Delaware</u>

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The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ACCESSO MASTER MANAGEMENT, 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 MARCH, A.D. 2019.



al Stele

Authentication: 202522797 Date: 03-26-19

6727491 8300 SR# 20192283969

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



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

April 23, 2019

ARIEL BENTATA 100 N FEDERAL HWY, STE 400 HALLANDALE BEACH, FL 33009 US

SUBJECT: ACCESSO MASTER MANAGEMENT, LLC Ref. Number: W19000039518

We have received your document for ACCESSO MASTER MANAGEMENT, 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.

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.

Zakiya M Brown Regulatory Specialist II

Letter Number: 119A00008137

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### ::: accesso

## FAX

To: Sunbiz (MEL)

Fax: [850-245-6030]

Phone: [555.555.555]

From: Alejandra Torello

Pages: 2 (including Fax Cover Sheet)

Date: 04/25/2019

CC:

Re: Certificate of Good Standing

Comments:

To: Sunbiz (MEL)

Re: DOCUMENT NUMBER W19000039518 - Accesso Master Management, LLC

Please see attached Certificate of Good Standing request.

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Any question you may have, please contact me.

Contact - Alejandra Torello for info 954-454-4665 or via email atorello@accessopartners.com 10 Thank you

2019