

M1900005206

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

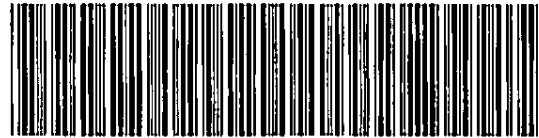
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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2019 MAY 17 AM 2:11

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Z BROWN

MAY 29 2019

Real Estate, Business,
Wills & Trusts, Gun Trusts
5341 SW 9th Terrace Suite A
Gainesville, FL 32608



Phone: 352-533-5035
Fax: 352-533-5493
www.mowitztitle.com
Email: closings@mowitztitle.com

May 14, 2019

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Tara Philly and Tara Estates

To Whom It May Concern:

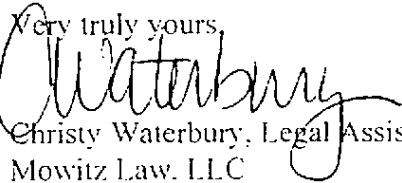
Enclosed herewith are the following:

- ☒ Good Standing Certificate for Tara Philly, LLC, a Delaware limited liability company
- ☒ Good Standing Certificate for Tara Estates, LLC, a Delaware limited liability company

We were notified that you would need these forms to complete the authorization for foreign entities to transact business in the State of Florida.

Please feel free to reach out to me if there are any questions or additional items needed.

Very truly yours,


Christy Waterbury, Legal Assistant
Mowitz Law, LLC
Enclosures

2019 MAY 14 10:01 AM

COVER LETTER

**TO: Registration Section
Division of Corporations**

Tara Philly, 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:

Justin M. Mowitz

Name of Person

Mowitz Law, LLC

Firm/Company

5341 SW 91st Terrace

Address

Gainesville, FL 32608

City/State and Zip Code

justin@mowitzlaw.com

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

For further information concerning this matter, please call:

Justin M Mowitz

352

533-5035

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:

Tara Philly, L.L.C.

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

83-4422977

2. _____ 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

N/A

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

251 Little Falls Drive

7717 NW 20th Lane

5. _____ 6. _____
(Street Address of Principal Office) (Mailing Address)

Wilmington, DE 19808

Gainesville, FL 32605

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

Justin M. Mowitz, Esq.

Name: _____

5341 SW 91st Terrace, Suite A

Office Address: _____

Gainesville

32608

_____, Florida _____
(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)

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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]:

Title or Capacity: **Name and Address:**
☐ Manager Name: Excelsa real Estate I, LP
☒ Member Address: c/o Excelsa Holdings SAL
☐ Authorized 1050 30th Street
Person Washington, DC 20007
☐ Other _____ ☐ Other _____

☐ Manager Name: Sayed Moukhtara
☒ Member Address: 7717 NW 20th Lane
☐ Authorized Gainesville, FL 32605
Person _____
☐ Other _____ ☐ Other _____

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

Title or Capacity: **Name and Address:**
☐ Manager Name: Valverde I LLC
☒ Member Address: c/o Arizona & Fernandez-Fraga, PA
☐ Authorized 2100 Salzedo Street, Suite #300
Person Coral Gables, FL 33134
☐ Other _____ ☐ Other _____

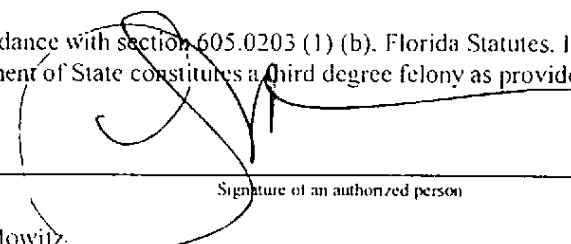
☐ Manager Name: Justin M Mowitz
☐ Member Address: 5341 SW 91st Terrace, Suite A
☒ Authorized Gainesville FL 32608
Person _____
☐ Other _____ ☐ Other _____

☐ 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
Justin M Mowitz

Typed or printed name of signee

STATE OF DELAWARE
CERTIFICATE OF FORMATION
OF LIMITED LIABILITY COMPANY

The undersigned authorized person, desiring to form a limited liability company pursuant to the Limited Liability Company Act of the State of Delaware, hereby certifies as follows:

1. The name of the limited liability company is TARA PHILLY LLC

2. The Registered Office of the limited liability company in the State of Delaware is located at 251 Little Falls Drive (street),
in the City of Wilmington, Zip Code 19808. The
name of the Registered Agent at such address upon whom process against this limited
liability company may be served is Corporation Service Company

By: _____

Authorized Person

Name: _____

Print or Type

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TARA PHILLY 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 THIRTEENTH DAY OF MAY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TARA PHILLY LLC" WAS FORMED ON THE ELEVENTH DAY OF APRIL, A.D. 2019.

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



7370110 8300

SR# 20193805026

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

20190513 17:11:23
A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.
Jeffrey W. Bullock, Secretary of State

Authentication: 202810957

Date: 05-13-19