

W19000005741

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

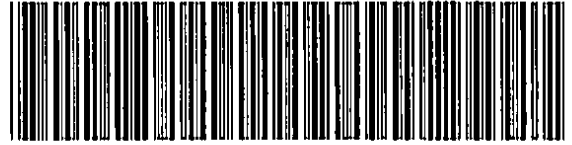
Special Instructions to Filing Officer:

W19000045736 and Reject

1st Reject

W190000032234

Office Use Only



400326492594

03/22/19--01017--016 **160.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2019 JUN -7 PM 4:34

FILED

Y SCOTT

JUN 12 2019

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 9, 2019

ALBERT PRICE
2136 NW 1ST AVENUE
SUITE:210
MIAMI, FL 33127

SUBJECT: 36TH ST. OWNER LLC
Ref. Number: W19000045736

We have received your document for 36TH ST. OWNER LLC and your check(s) totaling \$160.00. 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 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) 245-6052.

Yvette Scott
Document Specialist II

Letter Number: 319A00009421

See enclosed. Thank You
[Signature]

RECEIVED
JUN 07 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 30, 2019

ALBERT PRICE
2136 NW 1ST AVENUE
SUITE:210
MIAMI, FL 33127

SUBJECT: 36TH ST OWNER LLC
Ref. Number: W19000032234

We have received your document for 36TH ST OWNER LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The certificate of existence must be issued within the last 90 days by the Secretary of State which has custody of the records in the jurisdiction under the laws of which the above listed entity is incorporated/organized.

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

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) 245-6052.

Yvette Scott
Document Specialist II

Letter Number: 119A00006331

RECEIVED

MAY 09 2019

See enclosed.
Second
Refet

Thank You,
AWZ

www.sunbiz.org

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 36TH ST OWNER 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:

Albert Price
Name of Person

36TH ST OWNER LLC
Firm/Company

2136 NW 1ST AVENUE, SUITE 210
Address

MIAMI, FL 33127
City/State and Zip Code

albert@rosebudventures.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Albert Price at (646) 245-4867
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

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FLORIDA
SECRETARY OF STATE

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. 36TH ST OWNER 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. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 83-4035154
(FEI number, if applicable)

4. NOT APPLICABLE
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 2136 NW 1ST AVENUE
(Street Address of Principal Office)

6. c/o Albert Price
(Mailing Address)

Suite 210
Miami FL 33127

2136 NW 1ST AVENUE, Suite 210
Miami FL 33127

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(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.

Bree Zahner
(Registered agent's signature) Bree Zahner, Assistant Secretary

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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]:

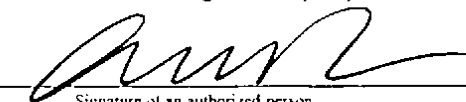
<u>Title or Capacity:</u>		<u>Name and Address:</u>		<u>Title or Capacity:</u>		<u>Name and Address:</u>	
<input type="checkbox"/> Manager	Name:	<u>Sonny Bazzaz</u>		<input type="checkbox"/> Manager	Name:	_____	
<input type="checkbox"/> Member	Address:	<u>2136 NW 1ST AVE</u>		<input type="checkbox"/> Member	Address:	_____	
<input checked="" type="checkbox"/> Authorized		<u>Suite 210, Miami FL</u>		<input type="checkbox"/> Authorized		_____	
Person		<u>33127</u>		Person		_____	
<input type="checkbox"/> Other _____		<input type="checkbox"/> Other _____		<input type="checkbox"/> Other _____		<input type="checkbox"/> Other _____	
<input type="checkbox"/> Manager	Name:	<u>Albert Price</u>		<input type="checkbox"/> Manager	Name:	_____	
<input type="checkbox"/> Member	Address:	<u>2136 NW 1ST AVE</u>		<input type="checkbox"/> Member	Address:	_____	
<input checked="" type="checkbox"/> Authorized		<u>Suite 210, Miami FL</u>		<input type="checkbox"/> Authorized		_____	
Person		<u>33127</u>		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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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.817.155, F.S.



Signature of an authorized person
Albert Price

Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "36TH ST OWNER 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 TWENTIETH DAY OF MAY, A.D. 2019.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



7085675 8300

SR# 20194174073

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

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 202858809

Date: 05-20-19