

M19000006378

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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JUL - 2 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 3, 2019

VALERIA SCHVARTZMAN
12550 BISCAYNE BLVD., STE 406
NORTH MIAMI, FL 33181

SUBJECT: CLASSON MANAGEMENT LLC
Ref. Number: W19000053251

We have received your document for CLASSON 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) 245-6052.

Brooke N Kinsey
Regulatory Specialist II

Letter Number: 619A00011035

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JUN 28 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CLASSON MANAGEMENT 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:

Valeria Schwatzman
Name of Person

Law Office of Valeria Schwatzman P.A.
Firm/Company

12550 Biscayne Blvd Suite # 406
Address

North Miami FL 33181
City/State and Zip Code

valeria@schulow.com
E-mail address: (to be used for future annual report registration)

For further information concerning this matter, please call:

Danielle Texeira at 305 974 0114
Name of Contact Person Area Code Direct Line 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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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. CLASSOW MANAGEMENT LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "L.L.C.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "L.L.C.")

2. New York
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 84-1798824
(EIN number (if applicable))

4. _____
(Date first transacted business in Florida, if prior to registration)
(See sections 605.004 & 605.0605, F.S. to determine penalty liability)

5. 12550 Bixayne Blvd.
(Street Address of Principal Office)

6. 12550 Bixayne Blvd
(Mailing Address)

Suite 406.

Suite 406.

North Miami FL 33181

North Miami FL 33181

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

Name:

Law office of Valerie Schwartzman

Office Address:

12550 Bixayne Blvd Suite 40

North Miami, Florida 33181

(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.

X [Signature]
(Registered agent's signature)

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STATE
ALL AREA REG. FLORIDA

FILE
A.

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]:

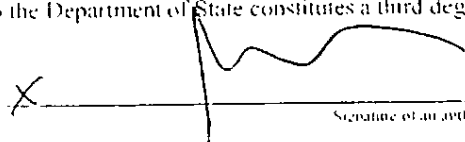
<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Nicolas Dayan</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>12550 Biscayne Blvd</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	<u>Suite 406</u> <u>North Miami FL 33181</u>	<input type="checkbox"/> Authorized 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 Person	_____	<input type="checkbox"/> Authorized 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 Person	_____	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

19 JUN 28 PM 4:38
 OFFICE OF THE
 CLERK OF THE
 SUPREME COURT
 OF THE STATE
 OF FLORIDA

Important Notice: Use an attachment to report more than six (6). The attachment will be indexed 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
Nicolas Dayan

 Typed or printed name of signer

State of New York
Department of State } ss:

I hereby certify, that CLASSON MANAGEMENT LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 05/13/2019, and that the Limited Liability Company is existing so far as shown by the records of the Department.



WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 19th day of June two
thousand and nineteen.

Whitney Clark
Deputy Secretary of State