# M19000008335

(Requ	estor's Name)	
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PICK-UP	☐ WAIT	MAIL.
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#### FLORIDA DEPARTMENT OF STATE Division of Corporations

August 26, 2019

DESI KELLERMAN 605 LINCOLN RD, STE 420 MIAMI BEACH, FL 33139

SUBJECT: WOW ESTATE LLC Ref. Number: W19000078795

We have received your document for WOW ESTATE 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):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

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.

Letter Number: 819A00017608

Brooke N Kinsey Regulatory Specialist II

www.sunbiz.org

#### **COVER LETTER**

TO:	Registration Section Division of Corporation	s		
SHRII	ECT:	Wow Es	stak UC	
5000			ited Liability Company	<del></del> .
The en Exister	closed "Application by For ace, and check are submitted	rign Limited Liability Company I to register the above reference	for Authorization to Transed foreign limited liability of	act Business in Florida," Certificate of ompany to transact business in Florida.
Please	return all correspondence e	oncerning this matter to the foll	owing:	
		Desi R	of Person	
		Name	of Person	
		Kellermann D	Varola PC	
Kellermann Varola PC Firm/Company				
		605 Lincoln 12d St	6 420	
		A	ddress	<del></del>
		Miani Beach FL	33139	
		Miami Beach FL City/State	and Zip Code	
		desickv-pl. con E-mail address: (to be used for	n	
		E-mail address: (to be used for	future annual report notifi-	cation)
For fur	ther information concerning	this matter, please call:		
	Desi Kellan	Contact Person	(305) 672-	3134
	Name of	Contact Person	Area Code Daytin	ne Telephone Number
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		Registration Clifton Buil	Corporations Section ding tive Center Circle
	Enclosed is a check for th			
	Please make check payabl	e to: FLORIDA DEPARTME  \$130.00 Filing Fee & Certificate of Status	NT OF STATE  \$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

COMPANY TO TRANSACT BU	TION 605.0902, FLORIDA STATUTES, THE P ISINESS IN THE STATE OF FLORIDA: ESTATE LLC Limited Liability Company; must include "Limit				A FOREIG	N LIMI	TED LL48	רדעו
r	ame adopted for the purpose of transacting business in Fl	lorida The alternate nar		Limited Liability	755	L.L.C," or	"LLC.")	
4. August 1 5. 605 Lincoln (Street Address of F		6		Mailing Address			<del></del>	
	s of Florida registered agent: (P.O. Bo  Kellermann Varela PL	- -	ole)		tál E	2019 AUG 2 I		;
Office Address:  Registered agent's accep	Kellermann Varela PL  605 Lincoln Rd, Ste  Miami Beach  (City)	<u>426</u> 	, Florida <u> </u>	33/39 (Zip code)	· · · · · · · · · · · · · · · · · · ·	PN 3:57		
Having been named as re designated in this applica to comply with the provisi	gistered agent and to accept service of tion, I hereby accept the appointment ons of all statutes relative to the propes of my position as registered agent.	as registered age	ent and agr	ee to act in	this capac	ity. 1 f	further a	gree

(Registered agent's signature)

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: Title or Capacity: Name and Address: Name: Eric Kamhi Manager Manager Address: 605 Lincoln 12d PH Member ☐ Member Address: Miami Beach Fi 33139 Authorized Authorized Person Person Other\_\_\_\_ Other Other Other\_\_\_ Manager Name: Manager Name: Member Address: Member Address: Authorized Authorized Person Person Other\_\_\_ Other\_\_\_\_ Other\_\_\_\_ Other ☐ Manager Name: \_\_\_\_\_ Manager Manager Name: Member Address: ☐ Member Address: \_\_\_ Authorized Authorized 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. Nonindexed 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 dogree felony as provided for in s.817.155, F.S. Signature of an authorized person

Eric Kanhi

Page 1

## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "WOW ESTATE 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 NINETEENTH DAY OF AUGUST, A.D. 2019.

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



Jeffrey W. Bullock, Socretary of State

Authentication: 203434187