## M190000098299

	(Requestor's Name)
	(Address)
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	(Document Number)
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## **COVER LETTER**

SUBJECT: GATSBY GROUP P	ROPERTI	ES, LLC		
	of Limited Liability C			
The enclosed "Application by Foreign Limited Liability Co Existence, and check are submitted to register the above re	ompany for Authorizat ferenced foreign limit	ion to Transact Business in ed liability company to tran	n Florida," C nsact busine	lertificate of ss in Florida.
Please return all correspondence concerning this matter to	the following:			
Michelle del Valle				
	Name of Person			
GATSBY GROUP	PROPER	TIES, LLC		
	Firm/Company			
9035 Vinyard Lake	e Dr.			
	Address			<b>∌</b>
Plantation, FL 333	24		ALCIVE THE AM	> } 1
Cit	y/State and Zip Code		X S S Y X K S	3
gatsbygroupproper				<u> </u>
E-mail address: (to be For further information concerning this matter, please call:		report notification)	OF STATE	5
Michelle del Valle	<sub>at (</sub> 305	206-8526		
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 Cl Tallahassee, FL 32301	ircle	

☐ \$130.00 Filing Fee &

Certificate of Status

**☑** \$125.00 Filing Fee

S155.00 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:

_		ida. The alternate name most include "Limited Ltability Company," "L. I. C," or "L
levada	nch toreign limited liability company is organized)	3. (FEI number, if applicable)
	(Date first transacted business in Florida, if prior to	egistration )
035 Vinv	ard Lake Dr.	9035 Vinyard Lake Dr.
(Sireet Address of I		6. (Mailing Address)
lantation.	FL 33324	Plantation, FL 33324
		SSE 27
	s of Florida registered agent: (P.O. Box	NOT acceptable)
me and <u>street addres</u>	s of Piorida registered agent. (1.0. box	10 1 10 1 10 10 10 10 10 10 10 10 10 10
	Registered Agent	s Inc.
Name:		<del></del>
Name:	7001 /th St N ST	F 300
Name: Office Address:	7901 4th St N ST	E 300_
	7901 4th St N ST	E 300

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]: Name and Address: Name and Address: Title or Capacity: Title or Capacity: Name: Cindy Rodriguez Name: Michelle del Valle ✓ Manager ✓ Manager Address: 9035 Vinyard Lake Dr. Address: 9035 Vinyard Lake Dr. Member Plantation, FL 33324 Plantation, FL 33324 ☐ Authorized Authorized Person Person Other\_\_ Other\_\_ Other \_\_\_\_\_ Other Manager Manager ☐ Member Address: \_ Address: \_\_\_\_\_ ☐Member Authorized Authorized Person Person Other Other\_\_\_\_ Other Other\_ Name: \_\_\_\_\_ Manager | Name: \_\_\_\_\_ ■ Manager Address: \_\_\_\_\_\_ Member ☐ Member 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 degree felony as provided for in s.817.155, F.S.

Typed or printed name of signee

Michelle del Valle

SECRETARY OF STATE



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I. Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **GATSBY GROUP PROPERTIES**, **LLC**, as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 08/20/2019, and is in good standing in this state.

Certificate Number: B20190913217645

You may verify this certificate online at <a href="http://www.nvsos.gov">http://www.nvsos.gov</a>

IN WITNESS WHEREOF. I have hereunto set my hand and affixed the Great Seal of State, at my office on 09/13/2019.

Barbara K. Cegarske
BARBARA K. CEGAVSKE
Secretary of State