

M190000010174

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

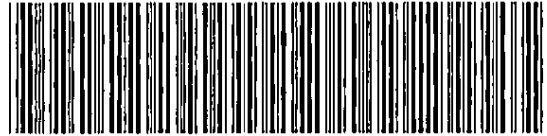
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W190000092633

Office Use Only



700335812357

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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✓



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 18, 2019

CT CORP

CORRECTED
Please Allow For
Same File Date

SUBJECT: SHOPPES AT SOUTHERN PALMS, LLC
Ref. Number: W19000092633

We have received your document for SHOPPES AT SOUTHERN PALMS, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

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.

Yvette Scott
Document Specialist II

Letter Number: 919A00021536

2019 OCT 27 PM 4:27

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

Date:

10/17/2019

10/22/2019 Resubmitted
en: c [Signature]

Acc#I20160000072

Name:	Shoppes at Southern Palms, LLC
Document #:	
Order #:	12276395

Certified Copy of Arts & Amend:	<input type="checkbox"/>	FILED 2019 OCT 17 PM 4:55 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 155

Thank you!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SHOPPES AT SOUTHERN PALMS, 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:

Alex D. Sirulnik

Name of Person

Alex D. Sirulnik, P.A.

Firm/Company

2199 Ponce de Leon Boulevard, Suite 300

Address

Coral Gables, FL 33134

City/State and Zip Code

ads@sirulniklaw.com

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

For further information concerning this matter, please call:

Alex D. Sirulnik

Name of Contact Person

at (305)

Area Code

443-7211

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:

\$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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TALLAHASSEE, FLORIDA

FILED

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. SHOPPES AT SOUTHERN PALMS, 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 3. 84-3317105
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 2199 Ponce de Leon Boulevard 6. 2199 Ponce de Leon Boulevard
(Street Address of Principal Office) (Mailing Address)
Suite 301 Suite 301
Coral Gables, FL 33134 Coral Gables, FL 33134

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: Alex D. Sirulnik, P.A.
Office Address: 2199 Ponce de Leon Boulevard, Suite 301
Coral Gables, Florida 33134
(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)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>Manager</u>	<u>Claudio Mekler</u> <u>2199 Ponce de Leon Boulevard, Suite 301</u> <u>Coral Gables, FL 33134</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Use attachments if necessary)

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)

Alex Sirulnik
Signature of an authorized person

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.

Alex Sirulnik
Typed or printed name of signer

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TALLAHASSEE, FLORIDA

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "SHOPPES AT SOUTHERN PALMS, 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 NINTH DAY OF OCTOBER, A.D. 2019.

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

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE



7461442 8300

SR# 20197471343

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


Jeffrey W. Bullock, Secretary of State

Authentication: 203761071

Date: 10-09-19

SHOPPES AT SOUTHERN PALMS, CORP.


2199 Ponce de Leon Boulevard, Suite 301

Coral Gables, FL 33134

October 21, 2019

To Whom It May Concern:

This letter hereby authorizes the filing of the foreign entity SHOPPES AT SOUTHERN PALMS LLC, a Delaware limited liability company, to transact business in the State of Florida.

By: 

Alex D. Stralnik, Registered Agent and
Authorized Representative

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