(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer.	
<u> </u>		





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10/23/19--01002--005 **620.00

T GLASS OCT 24 2019 FLORIDA RESEARCH & FILING SERVICES, INC.

1211 CIRCLE DR

TALLAHASSEE, FL 32301

PH: 850-524-4381

PLEASE FILE THE ATTACHED QUALIFICATION FOR:

1. 2397 SW 18TH AVE LLC

PLEASE RETURN A CERTIFIED COPY

CHECK# 8432 FOR:

\$620.00

(\$155.00 for this filing)

THANK YOU!

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:

2. <u>D</u> 4 5	elaware	ame adopted for the purpose of transacting business in Flori		mate name must include "Limited Liab	ility Company," "L.I.,C," or "I	<u></u>
4 5					, , , , ,	
4 5. <u>-</u>	(Jurisdiction under the law of wh		3.			_
5		uch foreign limited liability company is organized)	•	(FEI numbe	a, if applicable)	_
5						
J	· · · · · · · · · · · · · · · · · · ·	(Date first transacted business in Florida, if prior to re (See sections 605 DNM & 605 0905, F.S. to determin	egistration.)	hility)		
J	2980 NE 207 ST Unit			2980 NE 207 ST Unit 505		
	(Street Address of Principal Office)		6	(Mailing Address)		
_	Aventura, FL 33180		1	Aventura, FL 33180		
			_	<u>. · · · · · · · · · · · · · · · · · · ·</u>		
-	· · · · · · · · · · · · · · · · · · ·		-		2	
7)	Name and street address	on of Florida registered agent: (B.O. Boy	NOT as	(cantohla)	<u> </u>	
7. 1	varie and street addres	s of Florida registered agent: (P.O. Box	NOT ac	сериале	2019 OC1 23	:
	Name:	Atrium Registered Agents, Inc.				
	000	8950 SW 74th Ct., Suite 1901			.23	7 3 -
	Office Address:	osso over the on, butto is or			التراث	م <u>ے</u> تسکیو۔
		Miami		, Florida 33156		
_	gistered agent's accep	(City)		(Zip code	···	
		Atrium Registered Agents, Inc	ignature)	By: Felipe Frias, VP		
0	The name title or con-	7				
ъ.	Title or Capacity:	acity and address of the person(s) who has Name and Address:		le or Capacity:	Name and Addres	<u>s:</u>
	MGR	Isaac Hendy Mezrage	M	GR	Efrain Hendy Zaga	
_		2980 NE 207 St #505, Aventu FL, 33180	<u>ira</u>		2980 NE 207 St #3 FL, 33180	505 Aventura
MGR	MGR	Enrique Lisker Rubinstein		GR	Salomon Hendy Zaga 2980 NE 207 ST#505 Aventu	
		2980 NF 207 St #505 Aventur FL, 33180	ū		FL 33180	O Aventura
(Us	se attachments if neces	sary) MGR: Isaac Chiver Daniel 2980 NE 207 St. #505, Aventur	a. FL 33	180		
juri:	Attached is a certificate sdiction under the law he translator must be so	of existence, no more than 90 days old, of which it is organized. (If the certificate	duly auth	enticated by the official ha	ving custody of recor ion of the certificate u	ds in the inder oath
		uted in accordance with section 605/0203 to the Department of State constitutes a thi				nation

Typed or printed name of signee

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "2397 SW 18TH AVE 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 TWENTY-SEVENTH DAY OF AUGUST, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "2397 SW 18TH AVE LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF AUGUST, A.D. 2019.

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





Authentication: 203480234

Date: 08-27-19

7577839 8300 SR# 20196731629