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W1900097193
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09/28/19--01029--018 **199.00





FLORIDA DEPARTMENT OF STATE Division of Corporations

October 16, 2019

PAT HARRIS 115 FRONT STREET SUITE:300 JUPITER, FL 33477

SUBJECT: BLOWING ROCKS PROPERTY OWNER NNA LLC

Ref. Number: W19000092193

We have received your document for BLOWING ROCKS PROPERTY OWNER NNA LLC and your check(s) totaling \$155.00. 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) 245-6051.

Letter Number: 919A00021394

Yvette Scott Document Specialist II

COVER LETTER

TO:

	Registration Section Division of Corporation	ıs				•
cub icca	Blowing Rocks Prop	perty Owner NNA LLC				
SUBJECT	·	Name of	Limited Liability (Company		
The enclos Existence,	sed "Application by For and check are submitted	eign Limited Liability Com d to register the above refe	npany for Authoriza renced foreign limi	ition to Tra ted liability	nsact Business in Florida," or company to transact busine	es in Florida
Please retu	ırn all correspondence c	oncerning this matter to the	e following:		2019 OCT 30 PM 1: 1	
	Pat Harris				CT 3	
	 	?	Name of Person		PP PP	
	U.S. Immigratio	on Fund, LLC			7.00	·
		F	Firm/Company		30, 7	T
	115 Front Stree	t, Suite 300			,	
		-	Address			
	Jupiter, FL 334	77				
		City/	State and Zip Code			
	pat@usifund.con	١				
		E-mail address: (to be use	ed for future annual	report not	ification)	
For further	r information concerning	g this matter, please call:				
F	Pat Harris		561 at (320-904 _)	40	
_	Name o	f Contact Person	Area Code	Day	time Telephone Number	
	AILING ADDRESS: Division of Corporations egistration Section .O. Box 6327 Callahassee, FL 32314			Division Registrati Clifton B 2661 Exc	ADDRESS: of Corporations ion Section uilding centive Center Circle see, FL 32301	
	s a check for the follow I \$125.00 Filing Fee	ing amount: S130.00 Filing Fee & Certificate of Status	■ \$155.00 Filir Certified Copy	ng Fee &	☐ \$160.00 Filing Fee. Cer 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 OF ANY TO TRANSACT BY ISINESS, IN THE STATE OF FLORIDA:

(Name of Fore	ty Owner NNA LLC eign Limited Liability Company; must incl	ude "Limited Liability Compan	y," "L.L.C.," or "LLC.")
(If name unavailable, enter al Liability Company," "L.L.C.	Iternate name adopted for the purpose of tr	ransacting business in Florida. T	The alternate name must	include "Limited
2. Delaware	3	84-1738643		
	of which foreign limited liability		er, if applicable)	
4. November 1, 2019				
	(Date first transacted business in (See sections 605.0904 & 605.0905	Florida, if prior to registration.) , F.S. to determine penalty liabi	lity)	
5. 115 Front Street, Suite	: 300		! ~>	
Jupiter, FL 33477	(Street Address of Princi		PALLARIA	, , , , ,
6. 115 Front Street, Suite	,	pai Office)	in: u) [
Jupiter, FL 33477	`			
	(Mailing Addre	ss)	SELT LORIDA	
7. Name and street addres	ss of Florida registered agent: (P.O. B	ox NOT acceptable)		- -
	Donald M. Allison, Esquire		*	
Name:				
Office Address:	720 East Palmetto Park Road			
	Boca Raton	, Florida $\frac{3}{2}$	3432	
Registered agent's accep	(City)		(Zip code)	
designated in this applicate to complywith the provision	egistered agent and to accept service of ution, I hereby accept the appointment ions of all statutes relative to the proper my position as registered agent. (Registered a	t as registered agent and agi	ree to act in this cape	icity. I further agre
	(- '			
8. The name, title or caps	acity and address of the person(s) who	has/have authority to manag	e is/are:	
8. The name, title or capa Nicholas A. Mastrolanni,		has/have authority to manag	e is/are:	
	II, Manager	has/have authority to manag	e is/are:	
Nicholas A. Mastroianni, 115 Front Street, Suite 30	II, Manager	has/have authority to manag	e is/are:	
Nicholas A. Mastrolanni, 115 Front Street, Suite 30 Jupiter, FL 33477 9. Attached is a certificate	II, Manager of existence, no more than 90 days old of which it is organized. (If the certifical submitted)	d, duly authenticated by the	official having custod	y of records in the

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.

Nicholas A. Mastroianni, II

Typed or printed name of signee

STATE OF DELAWARE CERTIFICATE OF AMENDMENT

Name of Limited	d Liability Company:	AW Fund	ing 10	00, L	LC	
		_·		TALL.	<u> </u>	20119
The Certificate of as follows:	of Formation of the li	mited liabili	ty comp	any is h	iereby	Can 30
	the company i ks Property Ow			led tö	T be	PM 1: 11
The suppose so	VHEREOF, the unde	anian ad boo		ad this	(Tambi 6	

By: \s\ Nicholas A. Mastroianni, II

Authorized Person(s)

Name: Nicholas A. Mastroianni II

Print or Type

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "BLOWING ROCKS PROPERTY OWNER NNA 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-EIGHTH DAY OF OCTOBER, A.D.

2019.

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

7397098 8300

Date: 10-28-19

Authentication: 203880609

SR# 20197763669

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