

M19000010666

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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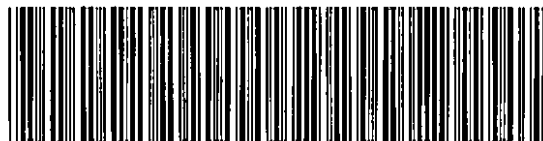
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2019 OCT 28

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ROXANNE INVESTMENTS 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:

STEPHEN A GREENBERG

Name of Person

ROXANNE INVESTMENTS LLC

Firm/Company

P O BOX 4092

Address

MALIBU, CALIFORNIA 90264

City/State and Zip Code

ROXANNEINVESTMENTS@GMAIL.COM

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

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For further information concerning this matter, please call:

STEPHEN A GREENBERG

310

383-4955

at ( )

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 Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**



\$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

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. ROXANNE INVESTMENTS 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. CALIFORNIA 3. 26-0861774 ✓  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. JANUARY 3, 2012  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 5853 FILAREE HEIGHTS 6. P O BOX 4092 ✓  
(Street Address of Principal Office) (Mailing Address)

MALIBU, CALIFORNIA 90265

MALIBU, CALIFORNIA 90264

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: STEPHEN A GREENBERG ✓

Office Address: 328 9TH AVENUE NORTH

JACKSONVILLE BEACH 32250  
(City) , Florida (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.

Stephen A Greenberg ✓  
(Registered agent's signature)

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FILED

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:**

☒ Manager Name: STEPHEN A GREENBERG ✓  
☒ Member Address: PO BOX 4092  
☐ Authorized MALIBU, CALIFORNIA 90264  
Person \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: ADAM GREENBERG ✓  
☒ Member Address: P O BOX 4092  
☐ Authorized MALIBU, CALIFORNIA 90264  
Person \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: ALISON GREENBERG ✓  
☒ Member Address: P O BOX 4092  
☐ Authorized MALIBU, CALIFORNIA 90264  
Person \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

**Title or Capacity:** **Name and Address:**

☒ Manager Name: JILL GREENBERG ✓  
☒ Member Address: PO BOX 4092  
☐ Authorized MALIBU, CALIFORNIA 90264  
Person \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: ARI GREENBERG ✓  
☒ Member Address: P O BOX 4092  
☐ Authorized MALIBU, CALIFORNIA 90264  
Person \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_  
☐ Member Address: \_\_\_\_\_  
☐ Authorized \_\_\_\_\_  
Person \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed 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.

Stephen A Greenberg ✓  
Signature of an authorized person

STEPHEN A GREENBERG ✓

Typed or printed name of signee

# State of California

## Secretary of State

### CERTIFICATE OF STATUS

ENTITY NAME: ROXANNE INVESTMENTS LLC

FILE NUMBER: 200723310188  
FORMATION DATE: 08/09/2007  
TYPE: DOMESTIC LIMITED LIABILITY COMPANY  
JURISDICTION: CALIFORNIA  
STATUS: ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.

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IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of October 21, 2019. ✓

A handwritten signature in black ink, appearing to read 'Alex Padilla', is written over the printed name.

ALEX PADILLA  
Secretary of State