(Re	equestor's Name)				
(Address)					
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PICK-UP	☐ WAIT	MAIL			
(Bu	isiness Entity Name	2)			
(Document Number)					
Certified Copies	_ Certificates o	of Status			
Special Instructions to Filing Officer:					

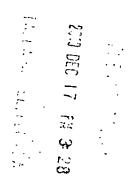
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# CORPORATE \*ACCESS, \_\_\_\_\_

When you need ACCESS to the world

INC.

236 East 6th Avenue, Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

## **WALK IN**

PICK UP: 12/17/2019

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		ES 35TH STREET LLC	
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### COVER LETTER

TO: Registration Section Division of Corporations	
Sauma Properties 35th Street LLC SUBJECT:	
-	Name of Limited Liability Company
The enclosed "Application by Foreign Limited Liah Existence, and check are submitted to register the air Please return all correspondence concerning this ma	bolity Company for Authorization to Transact Business in Florida," Certificate of bove referenced foreign limited liability company to transact business in Florida
	THE TO THE TOTTOWING:
Philip Sauma	
	Name of Person
Mood Designer Fabrines, Inc.	
	Firm/Company
225 West 37th Street	
	Address
New York, new York 10018	
	City/State and Zip Code
philipsauma@gmail.com	
E-mail midross: (t	o be used for hiture annual report non-cation
For further information concerning this matter, please	
Philip Sauma	call: 212 730-5003
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 DI	CD A D TRANSPORT
\$125.00 Filing Fee \$130.00 Filing Certificate	g Fee & S155.00 Filing Fee & Stance Park

# 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

Sauma Properties 3	5th Street LLC right Limited Liability company; must meled. "Limit	ned Liabinty company," "L.L.C.," or "L.I.C.")	
(If name unavariable, erger attern	nie name adopted for the purpose of transacting business in F	foreds. The alternate name must include "Lamstad Lability Company," "	
Delaware 2.		Library Conserve.	LLC," a "LLC.")
(Jurisdiction under the law of which through unit, 1 abi ity company is organ		3. (FEI ourber, if applicable)	<del></del>
Upon Filing 4.		., .,	
	(Date first transacted assess in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to desert	o registration.) — sine pensity Hability)	
5. 225 West 37th Stree	of Principal Office)	c/o Mood Designer Fabrics, Inc.	
New York, New York 10018		225 West 37th Street	
	<del>-</del>	New York, New York 10018	201
7. Name and street addr	ess of Florids registered agent: (P.O. Box	NOT acceptable)	2019 DEC 1
Name:	NRAI Services, Inc.	<del></del> -	
Office Address:	1200 South Pine Island Road		F3 10: 114
	Plantation	33324	*
Registered agent's accor	(City)	, Florida (Zip rode)	

#### 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.

Character HSSLSCCY
(Registered agrees's signature)
(Registered Agrees's signature)

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: Title or Capacity: Name and Address: Name: Philip Sauma `∎lManzeer Name: Eric Sauma Manager Address: 225 West 37th Street 🔳 Manbar Address: 225 West 37th Street Member New York, New York 10018 Authorized New York, New York 10018 Authorized Person Person Other Other Other Other Manager Name: ☐ Manager Name: ☐ Member Address: ☐ Member Address: Authorized ■ Authorized Person Person Other | Other Other Other Manager Name: Manager Member Address: ☐ 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. 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.

Signature of an authorized person

Michael Bollag, Esq.



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

DELAWARE, DO HEREBY CERTIFY "SAUMA PROPERTIES 35TH STREET 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 SEVENTEENTH DAY OF DECEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SAUMA PROPERTIES 35TH STREET LLC" WAS FORMED ON THE THIRTEENTH DAY OF NOVEMBER, A.D. 2019.

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

2019 0:17 | 63 10:44

Authentication: 204234486

Date: 12-17-19

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