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STEPHEN J. PUTNOKI-HIGGINS ASSOCIATE Shutts & Bowen LLP 4301 W. Boy Scout Boulevard Suite 300 Tampa, Florida 33607 DIRECT (813) 227-8185

FAX (813) 227-8285 EMAIL SPutnoki-Higgins@shutts.com

November 20, 2019

## BY FEDERAL EXPRESS

Florida Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Re: 430 SEMORAN, LLC (FEIN: 84-1867460)

Application for Authorization to Transact Business in Florida

Dear Sir or Madam:

With respect to the above-referenced entity (the "Company"), please find the following items enclosed for filing:

- 1) an original, executed copy of the Company's Application By Foreign Limited Liability Company For Authorization to Transact Business in Florida (to register the Company to transact business in Florida, in accordance with Section 605.0902 of the Florida Statutes):
- 2) Our firm check for \$125.00, in payment of the related filing fee; and
- 3) a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records at the Division of Corporations in Delaware (the jurisdiction under the law of which the Company is now organized).

For future annual report notification purposes, please continue to use <a href="weswolk@gmail.com">weswolk@gmail.com</a> as the contact e-mail address on file. Please note that the Company was previously a Florida limited liability company and only recently converted to a Delaware limited liability company, effective October 31, 2019. If you have any questions, please feel free to contact me via <a href="mailto:my.org.">my.org.</a> contact me via <a href="mailto:my.org.">my.org.</a

Sincerely,

Shutes & Bowen LLP

Stephen J. Putnoki-Higgins

Enclosures

TPADOCS 22836581-1

## COVER LETTER

TO:

Registration Section Division of Corporations

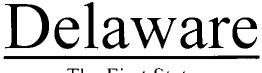
		Name of	Limited Liability (	Company		_	
		eign Limited Liability Com d to register the above refer					
Please return a	ll correspondence o	concerning this matter to the	following:				
	Stephen J. Putr	oki-Higgins					
		N	ame of Person			_	
	Shutts & Bowe	n, LLP					
		l.	irm/Company			_	
	4301 W. Boy S	cout Blvd., Suite 300					
	<del> </del>		Address			_	
	Tampa, Florida	33607					
		City/S	tate and Zip Code				
	weswolk@gmail	.com					
	<del></del>	E-mail address: (to be use	d for future annual	report no	tification)	_	
For further info	ormation concernin	g this matter, please call:					
Steph	en J. Putnoki-Higg	tins	813 at (	227-81			
	Name o	f Contact Person	Area Code	Day	rtime Telephone Number	_	
Divisi Regist P.O. F	and Address: on of Corporations ration Section 30x 6327 assee, FL 32314			Division Registrat Clifton B 2661 Exe	of Corporations ion Section Building ecutive Center Circle see, FL 32301		
	heck for the follow 25.00 Filing Fee	ing amount:  \$\Bigsim \text{S130.00 Filing Fee & Certificate of Status}\$	□ \$155.00 Filir Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Conf Status & Certified Co	Certificate opy 2019 NOV 2	43

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605 0002, FLORIDA STATUTEN, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TAMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

.10		nited Liability Company," "L.L.C.," or "LL	C ")
III name unavailable, enter afternate it	name adopted for the purpose of transacting business in	Florida. The alternate name must include "Limited	d Liability Company," "L.L.C," or "LLC")
2. Delaware		3. 84-1867460	
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	(FEI	number, if applicable)
4. N/A			
	(Date first transacted business in Florida, if pito (See sections 605 0904 & 605 0905, F.S. to dete	r to registration ) ermane penalty liability)	
5. 505 E. Jackson Street,	Suite 308	6. 505 E. Jackson Street, 5	Suite 308
(Street Address of I	Principal Office)		Address)
Tampa, Florida 33602		Tampa, Florida 33602	
7. Name and street address  Name:	ss of Florida registered agent: (P.O. B Stephen J. Putnoki-Higgins	lox <u>NOT</u> acceptable)	
Office Address:	4301 W. Boy Scout Blvd., Suite 300		
	Tampa	, Florida <u>33607</u>	
	(City)	(A)	p code)
		Stephen J. Putnoki-Higgi	
9. The same title or care	(Registered ager	•	
8. The name, title or capa <u>Title or Capacity:</u>		•	
Title or Capacity:	(Registered ager acity and address of the person(s) who Name and Address:	has/have authority to manage is/ar	Name and Address:
-	(Registered ager acity and address of the person(s) who Name and Address: Wesley C. Wolk 505 E. Jackson Street, Suite	has/have authority to manage is/ar Title or Capacity:	Name and Address:
Title or Capacity:	(Registered ager acity and address of the person(s) who <u>Name and Address:</u> Wesley C. Wolk	has/have authority to manage is/ar Title or Capacity:	Name and Address:
Title or Capacity:	(Registered ager acity and address of the person(s) who Name and Address: Wesley C. Wolk 505 E. Jackson Street, Suite	has/have authority to manage is/ar Title or Capacity:	Name and Address:
Title or Capacity:	(Registered ager acity and address of the person(s) who Name and Address: Wesley C. Wolk 505 E. Jackson Street, Suite	has/have authority to manage is/ar Title or Capacity:	Name and Address:
Title or Capacity:	(Registered ager acity and address of the person(s) who Name and Address: Wesley C. Wolk 505 E. Jackson Street, Suite	has/have authority to manage is/ar Title or Capacity:	Name and Address:
Title or Capacity: Mngr	(Registered ager acity and address of the person(s) who Name and Address:  Wesley C. Wolk  505 E. Jackson Street, Suite Tampa, Ft. 33602	has/have authority to manage is/ar Title or Capacity:	Name and Address:
Title or Capacity:  Mngr  (Use attachments if neces)  Attached is a certificate jurisdiction under the law	Registered ager acity and address of the person(s) who Name and Address:  Wesley C. Wolk 505 E. Jackson Street, Suite Tampa, FL 33602  sary)  of existence, no more than 90 days of of which it is organized. (If the certific	has/have authority to manage is/ar  Title or Capacity:  0 308	Name and Address:    Sa   P
Title or Capacity:  Mngr  (Use attachments if neces 9. Attached is a certificate jurisdiction under the law of the translator must be so 10. This document is exec	Registered ager acity and address of the person(s) who Name and Address:  Wesley C. Wolk 505 E. Jackson Street, Suite Tampa, FL 33602  sary)  of existence, no more than 90 days of of which it is organized. (If the certific	has/have authority to manage is/ar  Title or Capacity:  e 308  Id, duly authenticated by the officia cate is in a foreign language, a tran  203 (1) (b). Florida Statutes. I am a	Name and Address:    Name and Address:
Title or Capacity:  Mngr  (Use attachments if neces 9. Attached is a certificate jurisdiction under the law of the translator must be so 10. This document is exec	Registered agentacity and address of the person(s) who Name and Address:  Wesley C. Wolk  505 E. Jackson Street, Suite Tampa, FL 33602  sary)  of existence, no more than 90 days of of which it is organized. (If the certificulamitted)  uted in accordance with section 605.02 of the Department of State constitutes a	has/have authority to manage is/ar  Title or Capacity:  e 308  Id, duly authenticated by the officia cate is in a foreign language, a tran  203 (1) (b). Florida Statutes. I am a	Name and Address:    Name and Address:

Typed or printed name of signee



The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "430 SEMORAN, 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 THIRTEENTH DAY OF NOVEMBER, A.D. 2019.

Authentication: 203994027

Date: 11-13-19

7690676 8300 SR# 20197821008