M19000012260

. ((Requestor's Name)
	(Address)
	(Address)
	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
((Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:
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	10745

Office Use Only



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2019 DEC 23 PH 12: 52

DEC 3 0 2013 M. SOLOMON CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE: 108767 8276728

AUTHORIZATION : Spelle Ble 200

COST LIMIT : (\$\125.00

ORDER DATE: December 19, 2019

ORDER TIME : 3:12 PM

ORDER NO. : 108767-035

CUSTOMER NO: 8276728

FOREIGN FILINGS

NAME: 177 NW 35TH STREET, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson -- EXT# 62980

EXAMINER:

COVER LETTER

TO:

TO:	Registration Section Division of Corporations							
CL:D II	177 NW 35th Street, LLC							
SUBJI	SCT: Name	of Limited Liability Company						
The en Exister	closed "Application by Foreign Limited Liability Conce, and check are submitted to register the above re	ompany for Authorization to Transact Business in Florida," Certificate of eferenced foreign limited liability company to transact business in Florida						
Please	return all correspondence concerning this matter to	the following:						
	Jamie Mandel							
		Name of Person						
	DLC Capital Management, LLC							
Firm/Company								
	3921 Alton Road #465							
Address								
	Miami Beach, Florida 33140							
	C	ity/State and Zip Code						
	jbmandel@dlccapmgmt.com							
	E-mail address: (to be	used for future annual report notification)						
For fu	other information concerning this matter, please cal	i:						
Jamie Mandel		917 593-1644 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						
Encle	sed is a check for the following amount: ■ \$125.00 Filing Fee □ \$130.00 Filing Fee Certificate of Status	2						

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 HABILITY COMPANYTO TRANSACT BUSINESS IN THE SEATE OF FLORIDA.

1. 177 NW 35th Street, LI	LC	•				
(Name of Force	ngn Limited Liability Company: mus	st include "Limited Liab	lity Company," "L.L.C.," o	or -LLC."1		
Liability Company," "L.L.C."	ternate name adopted for the purpose or "LLC.")	e of transacting business	in Florida. The alternate n	ame must include "Li	 imited	
2. Delaware		3				
(Jurisdiction under the law company is organized)	of which foreign limited liability		(FEI number, if applicable	ie)	_	
4.	(Date first transacted busines	on the fill all days to medicate the	and testion)			
5. 3921 Alton Road #465	(See sections 605,0904 & 605.	(1905, F.S. to determine	benatty fiability)			
Miami Beach, FL 3314	0				2:	
6. 3921 Alton Road #465	(Street Address of P			_ ,	2019 C	
		·····		·	DEC 2	
Miami Beach, FL 3314	(Mailing /	Address)		- -,	ယ	F
7. Name and street addres	s of Florida registered agent: (P.	O. Box NOT accepta	bi e)	***	51 Hd	1.5
Name:	Corporation Service Company		,	57 70	12: 52	*****
Office Address:	1201 Hays Street			:'	N	
	Tallahassee		, Florida 32301 (Zip code)	_		
designated in this applicate to comply with the provision	tance: gistered agent and to accept serv tion, I hereby accept the appoint ons of all statutes relative to the pay positionals registered agent. Corporation Service Compan By:	vice of process for the tment as registered ag proper a <u>n</u> d complete	above stated limited lia ent and agree to act in a performance of my duti RO	this capacity. I fur	ther agi liar with	ree
8. The name, title or capa DLC Capital Managemen	acity and address of the person(s) it, LLC, manager	who has/have authori	ty to manage is/are:			
39212 Alton Road #	465					
Miami Beach, FL 33	140					
	of existence, no more than 90 da of which it is organized, (If the co abmitted)					
	Janu	of an authorized person				
	Signature	of an authorized person	·			
	f in accordance with section 605.0				រា	

Typed or printed name of signee

Jamie Mandel



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

DELAWARE, DO HEREBY CERTIFY "177 NW 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 TWENTIETH DAY OF DECEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "177 NW 35TH STREET, LLC" WAS FORMED ON THE NINETEENTH DAY OF DECEMBER, A.D. 2019.

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



Authentication: 204273755

Date: 12-20-19



RESUBMIT

Please give original submission date as file date.

FLORIDA DEPARTMENT OF STATE Division of Corporations

December 26, 2019

CSC

SUBJECT: 177 NW 35TH STREET, LLC

Ref. Number: W19000110845

We have received your document for 177 NW 35TH STREET, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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) 245-6052.

Tacarri K Glass Regulatory Specialist II

Letter Number: 219A00026145

www.sunbiz.org