M2000000374

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
0 - 1		
HDZCCOCO	<u> 1251 </u>	

Office Use Only



400338811334

400338811334 01/09/20--01001--011 **125.00

01/10/20--01016--001 **916.25

JAN 10 2020 M. SOLOMON



CORPORATE When you need ACCESS to the world ACCESS, _____

_	_	_	_		-
		1	NT.		
			V	U	•

236 East 6th Avenue. Tallahassee, Florida 32303

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

			WAL	K IN			
		PICK U	J P:	01/08/2020			
		CERTIFIED COPY					
	xx	РНОТОСОРУ					
		CUS					
	xx	FILING	FOREIGN				
1.		16A PROPERTY HOLDING (CORPORATE NAME AND DOCUMEN					
2.		(CORPORATE NAME AND DOCUMEN	VT #)			<u>-</u>	
3.		(CORPORATE NAME AND DOCUMEN	V T #)				
4.		(CORPORATE NAME AND DOCUMEN	VT #)				
5.		(CORPORATE NAME AND DOCUMEN	VT #)				
6.		(CORPORATE NAME AND DOCUMEN	IT #)		 -		
	ECIAI TRU	I. CTIONS:					

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE	16A Property Holdings LLC	
	1	Name of Limited Liability Company
The enc Existence	losed "Application by Foreign Limited Liabice, and check are submitted to register the abo	lity Company for Authorization to Transact Business in Florida," Certificate of ove referenced foreign limited liability company to transact business in Florida.
Please r	eturn all correspondence concerning this mat	ter to the following:
	Corinne D. Rosen	
		Name of Person
	16A Property Holdings LLC	
		Firm/Company
	1170 Kane Concourse, Suite 500	
		Address
	Bay Harbor Islands, Florida 33154	4
		City/State and Zip Code
	crosen@gilinskimanagement.com	
	E-mail address: (t	o be used for future annual report notification)
For furth	ner information concerning this matter, please	: call:
	Corinne rosen	305 861-9477 at ()
	Name of Contact Person	Area Code Daytime Telephone Number
	Mailing Address: Registration Section	Street Address: Registration Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Enclosed is a check for the following amoun Please make check payable to: FLORIDA D \$\times\$\$\$\$\$\times\$	DEPARTMENT OF STATE

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREGO, LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 1. __16A Property Holdings LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") Ill 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 "L1 C," o Delaware (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) March, 2016 (Date first transacted business in Florida, if prior to registration.) (See sections 605 0904 & 605 0905, F.S. to determine penalty liability) 1170 Kane Concourse, Suite 500 1170 Kane Concourse, Suite 500 6. (Mailing Address) (Street Address of Principal Office) Bay Harbor Islands, FL 33154 Bay Harbor Islands, FL 33154 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Oliverio Lew Name: 1170 Kane Concourse, Suite 500 Office Address: Bay Harbor Islands , Florida 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,

(Registered agent'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]:

<u>Fitle or Capacity:</u> ☐Manager	Name and Address: Jaime Gilinski Name:	Title or Capacity: ☐Manager	Name and Address: Oliverio Lew Name:
■Member	Address:1170 Kane Concourse, #500		Address: 1170 Kane Concourse, #500
Authorized	Bay Harbor Islands, FL 33154	■ Authorized	Bay Harbor Islands, Fl 33154
Person		Person	
Other	Other	Other	Other
]Manager	Name: Gabriel Gilinski	□Manager	Name:
Member	Address: 1170 Kane Concourse, #500	□Member	Address:
Authorized	Bay Harbor Islands, FL 33154	□Authorized	9
Person		Person	An io
Other	Other	□Other	□Other □ ···· ··· ··· ··· ··· ··· ··· ··· ···
Manager	Name: Benjamin Gilinski	□Manager	Name:
Member	Address: 1170 Kane Concourse, #500	□Member	Address:
Authorized	Bay Harbor Islands, FL 33154	□Authorized	
Person		Person	
Other		Other	Other

Typed or printed name of signee

Page 1



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

DELAWARE, DO HEREBY CERTIFY "16A PROPERTY HOLDINGS 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 EIGHTH DAY OF JANUARY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "16A PROPERTY HOLDINGS LLC" WAS FORMED ON THE NINETEENTH DAY OF DECEMBER, A.D. 2014.

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



Authentication: 202147479

Date: 01-08-20



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 9, 2020

CORPORATE ACCESS, INC.

SUBJECT: 16A PROPERTY HOLDINGS LLC

Ref. Number: W2000001850

We have received your document for 16A PROPERTY HOLDINGS LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$916.25.

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: 820A00000556

corrected

www.sunbiz.org

Division of Compositions D.O. POV 6997 Tullahanna Florida 99914