# N20000946

(Requ	uestor's Name)			
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PICK-UP		MAIL		
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Certified Copies	Certificate	s of Status		
Special Instructions to Fi	ling Officer:			



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Office Use Only

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#### COVER LETTER

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TO: **Registration Section Division of Corporations** 

1-70 West, LLC SUBJECT:

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:

Ricky Alietti		
Name of Person		
Miami 4 A Day, LLC		
Firm/Company		
	TE.	<u> 3</u> 6102
4351 N Bay Rd		5
Address	2	<del>-</del> ë;-
		5
Miami Beach, FL 33140	<u>_</u>	
City/State and Zip Code		ـــــــــــــــــــــــــــــــــــــ
	C C	بی دی
M(am#ADay@g/mail.com		47

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

For further information concerning this matter, please call:

Ricky Alietti	at ( 747	254-3884	
Name of Contact Person	Area Code	e 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 DEPAR S125.00 Filing Fee Certificate of St	& 🛛 \$155.00	ATE 00 Filing Fee & S160.00 Filing Fee, Certificate fied Copy of Status & Certified Copy	

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

## IN COMPLIANCE WITH SECTION (08/0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	I-70 West,					<u> </u>
(Name of Foreign Limited Lia	bility Company; must include "Limi	ited Liability Comp	any,"""L.IC.," (	ਭਾਜ਼ਿ.C '')		
	Skavlark 20	3. LLC				_
	•		name must include "	I mited Liability Cont	րատ, են	<u>, C. Tor "LL</u> C")
					- (	
Denver, Colo	rado	3.				<u>;</u>
myhenon under the law of which foreign h	mited hability company is organized?			(EF) number, if appl	icable)	5 :
		d agent: (P.O. Box <u>NQT</u> acceptable)	- ·			
					۲ <sup>1</sup> .	
Date f	inst transacted business in Florida, if prior	to registration y				$\dot{c}$
(Net se			, ,		ر میں	い
241 Adams St. Deriver, CO 80206		6.	865 Collins A	ve. #203 Miami Bea	にh FL_33 <u>1</u> 3	39
i Street Address of Principal Offic	<u>, , , , , , , , , , , , , , , , , , , </u>	···				
Name:	Ricky Alietti					
	865 Collins Ave #201	3				
Office Address:			~			
	Miami Beach		. Florida	33139		
	(Cuy)	<u></u>		(Zap code)		
itered agent's acceptance:						
the second as an advertee ad	anne and to accept convica.	f process for th	barnuve state	d Innited liabili	ity comp	any at the
ig been named as registered	ugent una in accept service i	i process jury				. I diametere
used in this application 1 be	rehy accent the appointment	t as regulered -	agent anu ayi	ее ю асын ты	Capacin	r. i jurine
nated in this application, i manual provisions of a	It southes relative to the prod	perand comple	te performan	ce of my duties.	and I ai	m familiur
npiy with the provisions of a	the subscreen strategy in the prop					-
ccept the obligations of my p	osinon as registered agent		/	•		
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	iRep inter		5	<b>.</b>		

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8. For initial indexing purposes, fist 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;
Manager	Name:	🗌 Manager	Name:
Member	Address:241 Adams St. Denver, CO 80206	Member	Address:
Authorized	€_/~ <u>~</u>	Authorized	
Person		Person	
_]Other	Other	Other	[] Doher
			16
Manager	Name:	🗌 Manager	Name:
Member	Address:	🗋 Member	Address:
Authorized		Authorized	<u> </u>
Person		Person	
Other	Other	Other	Other
Manager	Name:	🔲 Manager	Name:
Member	Address:	🗌 Member	Address:
Authorized		Authorized	
Person		Person	
		Other	Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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) thy. Florida Statutes, 1 an aware that any false information submitted in a document to the Department of State constitutes a third degree feloreties provided for in s.817.155, F.S.

Mill	
numature of an authorized person	
Ricky Alietti	
Typed or printed name of sugner	

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## OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

# CERTIFICATE OF FACT OF GOOD STANDING

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

1-70 West, L.L.C.

#### is a

#### Limited Liability Company

formed or registered on 08/02/2012 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20121424737.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 12/05/2019 that have been posted, and by documents delivered to this office electronically through 12/06/2019 @ 14:33:19

1 have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 12/06/2019 (*a* 14:33:19 in accordance with applicable law. This certificate is assigned Confirmation Number 11949989



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Secretary of State of the State of Colorado

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, http://www.sos/state.co.us/big/CertificateSearchCriteria.do/entering/the/certificate's confirmation number displayed on the certificate, and following the instructions displayed. <u>Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective (ssuance of a certificate, For more information, visit our Web site, http: www.sos/state.co.us/click "Businesses, trademarks, trade names" and select "Frequently Asked Questions,"</u>