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TO;	Registration Section Division of Corporations			*		n
SHRI	BENTLEY MI-6 LLC					
		ne of Limited Liability (Company			
The er Existe	nclosed "Application by Foreign Limited Liability nce, and check are submitted to register the above	Company for Authoriz referenced foreign lim	ation to Transact Busines ited liability company to t	s in Florid ransact bu	a," Ce siness	rtificate of in Florida
Please	return all correspondence concerning this matter t	to the following:				
	JEFFREY RUBINSTEIN					
		Name of Person			_	
	RUBINSTEIN & ASSOCIATES, P.A	١.			2021 JUH -	
		Firm/Company			711.	11
	7875 SW 104TH STREET, SUITE 10	00			50	interest f
		Address			PH	
	MIAMI, FLORIDA 33156			15 ca 14 N	2: 3	9.2.2
		Tity/State and Zip Code	·	. 1	-თ	
	JEFFREY@RUBINSTEINASSOCIAT	ES.COM				
	E-mail address: (to be	e used for future annua	l report notification)		_	
For fu	rther information concerning this matter, please ca	att;				
	JEFFREY RUBINSTEIN	305 at (374-5500	_	_	
	Name of Contact Person	Area Code	Daytime Telephon	e Number	_	
Mailing Address: Registration Section Division of Corporations		Street Address: Registration S Division of C				
P.O. Box 6327 Tallahassee, FL 32314		The Centre of	Tallahassee roe Street, Suite 810			
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEF \$125.00 Filing Fee \$\square\$\$\$ \$130.00 Filing Fe Certificate of	e & 🕒 🖺 \$155.00 Fi	ling Fee & 📁 \$160.00	Filing Fee Status & Co		

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTEX THE FOILOWING IS SUBMITTED TO REGISTER A FOREIGN TUMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

•	Limited Liability Company; must include "I	amited Liability Compo	iny," "L.L.C.," or "LLC")	
If name unavailable, enter alternate i	same adopted for the purpose of transacting busine	ss in Florida. The alternate	name must include "Limited Li	ability Company," "L.L.C," or "LLC")
DELAWARE				~ 2
(Jurisdiction under the law of w	high foreign limited liability company is organized	<u>. 3</u>	(FEI numb	er, it applicable)
	, , , , ,			
05/14/2021				
l	(Date first transacted business in Florida, if p (See sections 605 0904 & 605 0905, F.S. to	onor to registration)	<u> </u>	—
				P. P.
18975 Collins Ave, #1	3804		5 Collins Ave, # 3804	2
Street Address of Principal Office)	· · · · · · · · · · · · · · · · · · ·		Mailing Address)	
Sunny Isles, FL 33160		Sunny	Isles, FL 33160	
7. Name and street address	ss of Florida registered agent: (P.O	. Box <u>NOT</u> accepta	able)	
7. Name and <u>street addres</u> Name:	Rubinstein & Associates, P.A.	. Box NOT accepta	able)	
,		Box NOT accepta	able)	es
Name:	Rubinstein & Associates, P.A.	Box NOT accepta	Florida 33156	re\$
Name:	Rubinstein & Associates, P.A. 7875 SW 104TH Suret, St. 100	Box NOT accepta	33156	res
Name: Office Address: Registered agent's accep	Rubinstein & Associates, P.A. 7875 SW 104TH Street, Bt 100 Miami Cay) tance:	e of process for the	Florida 33156 (Zip code)	liability company at the place
Name: Office Address: Registered agent's acceptaving been named as relesignated in this applicate ocomply with the provise	Rubinstein & Associates, P.A. 7875 SW 104TH Suret, St. 100 Miami Cny)	e of process for the ent as registered ap oper and complete	Florida 33156 (Zip code)	liability company at the place in this capacity. I further ag luties, and I am familiar with
Name: Office Address: Registered agent's acceptaving been named as relesignated in this applicate ocomply with the provise	Rubinstein & Associates, P.A. 7875 SW 104TH Suret, St. 100 Miami Cuy) tance: gistered agent and to accept service tion. I hereby accept the appointm ions of all statutes relative to the position as registered agent	e of process for the ent as registered ap oper and complete	Florida 33156 (Zip code)	liability company at the place in this capacity. I further agulaties, and I am familiar with

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]:

Fitle or Capacity:	Name and Address:	Title or Capacity:		
∃Manager	Name: John Parrino Wilkerson	Dalanager	Name: Janet Isabelli	
Member	Address: 18975 Collins Ave. # 3804	□Member	Address: 18975 Collins Ave, # 380-	
∃Authorized	Sunny Isles, FL 33160	□Authorized	Sunny Isles, FL 33160	
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	Name:	
]Member	Address:	□Member	Address:	
]Authorized		□Authorized		
Person		Person		
∃Other	Other	Other	□Other	

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.

John Parrino Wilke	6/7/2021 Xson
F34DC9BE63B146F	Signature of an authorized person
John Parrino Wilkerson	
	Typed or minited name of signee

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "BENTLEY MI-6, 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 MAY, A.D. 2021.

11 JUN -8 PM 2: 36

Authentication: 203217362

Date: 05-17-21