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TO:

Registration Section

	Name of Limited Liability Company				
losed e. an	L'Application by Foreign Limited Liability id check are submitted to register the above	Company for Authorization to Transact Business is referenced foreign limited liability company to trans	n Florida," Certi nsact business in		
eturn	all correspondence concerning this matter t	o the following:			
	Marco Valentini				
		Name of Person			
	GENOA CONDOMINIUM LLC				
		Firm/Company	· (=		
	2821 S Bayshore Dr. Apt 15D		. i		
		Address	\cdot)		
	Miami, FL 33133				
		ity/State and Zip Code			
	Valentini, Marco <valentini.marco@bcg< td=""><td>g.com></td><td></td></valentini.marco@bcg<>	g.com>			
	E-mail address: (to be	used for future annual report notification)			
ner ir	nformation concerning this matter, please ca	II:			
MA	ARCO VALENTINI	908 723-2965			
	Name of Contact Person	at ()	Number		
Reg	iling Address: gistration Section vision of Corporations	Street Address: Registration Section Division of Corporations			
P.C	D. Box 6327 Hahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			

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 LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

acting business in Florida. The alternate name imist include "Limited Limbility Company 46-5555701 3. (FEI number, if applicable) in Florida, if prior to registration.) 2821 S. Bayshore Dr. Apt. 1510 6. (Mailing Address) Miarmi, FL 33133	
3. 46-5555701 3. is organized) in Florida, if prior to registration) 9905, F.S. to determine penalty hability) 2821 S. Bayshore Dr. Apt 151) 6. (Mailing Address)	
n. Florida, if prior to registration) 9905, F.S. to determine penalty hability) 2321 S Bayshore Dr. Apt 1510 (Mailing Address)	2-
n Florida, if prior to registration) 9905, F.S. to determine penalty hability) 2821 S Bayshore Dr. Apt 151) 6. (Mailing Address)	2-
2821 S Bayshore Dr. Apt 15D 6. (Mailing Address)	
2821 S Bayshore Dr. Apt 15D 6. (Mailing Address)	
2821 S Bayshore Dr. Apt 15D 6. (Mailing Address)	
Miami, FL 33133	
	v.
nt: (P.O. Box <u>NOT</u> acceptable)	
115D	
33133 . Florida	
(City) (Zip code)	
opt service of process for the above stated limited liability compountment as registered agent and agree to act in this capa- to the proper and complete performance of my duties, and I red agent.	city. I further
t T	Florida 33133 —, Florida (Zip code) pt service of process for the above stated limited liability composintment as registered agent and agree to act in this capa to the proper and complete performance of my duties, and red agent.

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]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name: ____Simonetta Neri Marco Valentini **■**Manager ■Manager Address: 2821 S Bayshore Dr. Apt 15D 2821 S Bayshore Dr. Apt 15D **■**Member Address: **■**Member Miami FL 33133 Miami FL 33133 Authorized Authorized Person Person []Other_____ Other___ □Other □ □Other Name: □Manager □Manager ☐ Member Address: □ Member Address: Authorized **DAuthorized** 5 Person Person □Other____ ☐ Other Other____ □Other Name: Name: □Manager □Manager □Member Address: Address: _____ □Member **U**Authorized **[]** Authorized Person Person Other____ □Other___ ÜÜther____ □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) (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. HARCO VALENTINI

Typed or printed name of signee

State of New York Department of State } ss:

I hereby certify, that GENOA CONDOMINIUM LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 04/30/2014, and that the Limited Liability Company is existing so far as shown by the records of the Department.



* * *

WITNESS my hand and the official seal of the Department of State at the City of Albany, this 02nd day of Jane two thousand and twenty-one.

Bradon C Hydron

Brendan C Hughes
Executive Deputy Secretary of State