

M21000008506

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

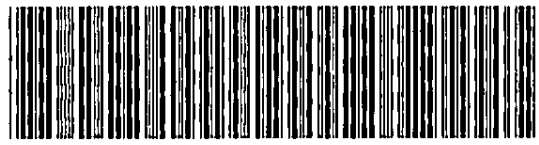
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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5/21
7/2/21

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 7955 EDGEWATER PROPERTIES LLC
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.

Christina Picanza
Name of Person
Hot Tropic Properties
Firm Company
2300 E Oakland Park Blvd. #202
Address
Fort Lauderdale, FL 33306
City, State and Zip Code
chrissy.p@ AOL.com
(Chrisssypic@aol.com)
E-mail address; to be used for future annual report notification

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RECEIVED
CORPORATION

For further information concerning this matter, please call

Christina Picanza 954 249-0888
Name of Contact Person Area Code Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: FLORIDA DEPARTMENT OF STATE

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy
- \$160.00 Filing Fee, Certificate of Status & Certified Copy

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 FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. 7955 EDGEWATER PROPERTIES LLC
(Name of Foreign Limited Liability Company, as set out in the Foreign Limited Liability Company Agreement (LLCA))

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. Do not include "Limited Liability Company," "LLC," or "LLP.")

2. CALIFORNIA (Jurisdiction under the law of which foreign limited liability company was formed) 3. 15-0000000000 (FEI number, if applicable)

4. JULY 1, 2021 (Date first transacted business in Florida, if prior to registration. (See sections 605.0004 & 605.0005, Florida Statutes, for time penalty rules.)

5. 2300 E. OAKLAND PARK BLVD, #202 (Street Address of Principal Office) FORT LAUDERDALE, FL 33306 (City and State Address)

7. Name and street address of Florida registered agent (P.O. Box NOT acceptable)

Name: CHRISTINA PICANZA
Office Address: 2300 E. OAKLAND PARK BLVD, #202
FORT LAUDERDALE, FL 33306
Florida, Zip code

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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.

Christina Picanza
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]:

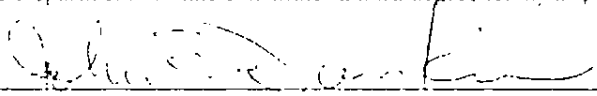
<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>ALBERTO FERNANDEZ</u>	<input type="checkbox"/> Manager	Name: <u>JOHN DURKIN</u>
<input type="checkbox"/> Member	Address: <u>C/O JOHN DURKIN ASSOC.</u>	<input type="checkbox"/> Member	Address: <u>C/O JOHN DURKIN ASSOC.</u>
<input type="checkbox"/> Authorized Person	<u>1489 W WARM SPRINGS RD #110</u> <u>HENDERSON, NV 89014</u>	<input checked="" type="checkbox"/> Authorized Person	<u>1489 W WARM SPRINGS RD #110</u> <u>HENDERSON, NV 89014</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	_____	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	_____	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

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 DISTRICT COURT
 CLERK OF COURT

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed 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.



Signature of an authorized person

JOHN S DURKIN

Printed name of authorized person



**Secretary of State
Certificate of Status**

I SHIRLEY N. WEBER, Ph.D., Secretary of State of the State of California, hereby certify:

Entity Name: 7555 EDGEWATER PROPERTIES LLC
File Number: 201129810292
Registration Date: 10/25/2011
Entity Type: DOMESTIC LIMITED LIABILITY COMPANY
Jurisdiction: CALIFORNIA
Status: ACTIVE (GOOD STANDING)

As of June 14, 2021 (Certification Date), the entity is authorized to exercise all of its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the Certification Date and does not reflect documents that are pending review or other events that may affect status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of June 15, 2021.

SHIRLEY N. WEBER, Ph.D.
Secretary of State

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CALIFORNIA SECRETARY OF STATE
S. WEBER

Certificate Verification Number: RPWX6MZ

To verify the issuance of this Certificate, use the Certificate Verification Number above with the Secretary of State Certification Verification Search available at <http://www.sos.ca.gov>.