# M21000010515

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
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2021 AUG 13 PH 2: 12

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#### COVER LETTER

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#### TO: **Registration Section Division of Corporations**

3550 NW 5th Ave LLC

\_\_\_\_\_

SUBJECT: \_\_\_

For further

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:

	Name of Person
Law Offices Michael Merino P.A.	
<u></u>	Firm/Company
6741 Orange Dr	
M8-4	Address
Davie, FL 33314	
(`	ity/State and Zip Code
mmerino@merinolegal.com	
E-mail address: (to be	used for future annual report notification)
er information concerning this matter, please cal	
	11:
er information concerning this matter, please cal	
er information concerning this matter, please cal Michael Merino	II: 954 321-7701 at ()
er information concerning this matter, please cal Michael Merino Name of Contact Person	II: at {} Area Code } 321-7701 Daytime Telephone Number
er information concerning this matter, please cal Michael Merino Name of Contact Person Mailing Address:	ll: at () <u>321-7701</u> at () <u>Daytime Telephone Number</u> <u>Street Address:</u>
er information concerning this matter, please cal Michael Merino Name of Contact Person <u>Mailing Address:</u> Registration Section	II: at () <u>321-7701</u> at () <u>Daytime Telephone Number</u> <u>Street Address:</u> Registration Section
er information concerning this matter, please cal Michael Merino Name of Contact Person <u>Mailing Address:</u> Registration Section Division of Corporations	ll: at () <u>321-7701</u> Area Code Daytime Telephone Number <u>Street Address:</u> Registration Section Division of Corporations
er information concerning this matter, please cal Michael Merino Name of Contact Person Mailing Address: Registration Section Division of Corporations P.O. Box 6327	ll: at (
er information concerning this matter, please cal Michael Merino Name of Contact Person Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Enclosed is a check for the following amount:	ll: at () <u>321-7701</u> Area Code Daytime Telephone Number <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
er information concerning this matter, please cal Michael Merino Name of Contact Person Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	ll: at () 321-7701 Area Code Daytime Telephone Number <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 PARTMENT OF STATE

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

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#### IN COMPLIANCE WITH SECTION (05.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN-LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

## 3550 NW 5th Ave LLC

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name unavailable, enter alternate i	name adopted for the purpose of transacting busine	ss in Florida. The alternate name most inclu	de "Limited Liability Co	inpany," "L1. C." of "Lt C	(* ")
Wyoming					
(Jurisdiction under the law of w	hich foreign hunted liability company is organized	<u>3.</u>	(113) number, if appl	(cable)	
	(Date first transacted business in Florida, if ) (See sections 605 0904 & 605 0905, F.S. to	mor to registration 1			
1001 Yamato Rd Ste 3	01Boca Raton, FL 33431	1001 Yamato Rd 6	Ste 301Boca Rate	m, FL 33431	
eet Address of Principal Office)		(Mading Address	)		
				·····	
Name and street addres	ss of Florida registered agent: (P.O	. Box NOT acceptable)		· • : :	202
Name and street addres	ss of Florida registered agent: (P.O	. Box <u>NOT</u> acceptable)		·····	2021 AL
Name and street addres		. Box <u>NOT</u> acceptable)			1 SUV 12A2
Name and <u>street addres</u> Name:	ss of Florida registered agent: (P.O Michael Merino	. Box <u>NOT</u> acceptable)			2021 AUG 1 3
	Michael Merino	. Box <u>NOT</u> acceptable)			نت ا
					2021 AUG 13 PM 2:
Name:	Michael Merino 6741 Orange Dr Davie		3314		ω P A

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 primar	members/managers or persons authorized to
ma	nage [up to six (6) total]:	

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Title or Capacity:	Name and Address:	<u>Title or Capacit</u>	<u>v:</u>	Name and Addres	<u>is:</u>
∎Manager	Name:	□Manager	Name:		
□Member	Address:	⊡Member	Address:		
□Authorized	Boca Raton, FL 33431	□Authorized			
Person		Person		,	
□Other	Other	□Other		Other	
□Manager	Name:	□Manager	Name:		
Member	Address: 1001 Yamato Rd Ste 301	□Member	Address:	<del></del>	
Authorized	Boca Raton, FL 33431	Authorized			
Person		Person			
DÖther	Other	□Other		□Other	2021 AUG
□Manager	Name:	□Manager	Name:		200 Jul
□Member	Address:	Member	Address:	۳۳ ۱ <u>۰</u>	
Authorized	Davie, FL 33314	Authorized		·	ŝ
Person		Person			12
□Other	□Other	□Other		Other	

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 (17(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.

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Michael Merico

# STATE OF WYOMING Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

# 3550 NW 5th Ave LLC

### is a **Limited Liability Company**

formed or qualified under the laws of Wyoming did on March 9, 2021, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number 2021-000987073.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 22nd day of July, 2021 at 4:40 PM. This certificate is assigned ID Number 045976335.



Edward X. JSun Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website https://wwo.biz.wwo.gov.and.following.the instructions displayed under Validate Certificate.

# The Law Offices of MICHAEL H. MERINO, P.A. Attorneys and Counselors at Law

6741 Orange Drive, Davie, Florida 33314 Tel: (954) 321-7701 • Lax: (954) 791-3024 • Toll Free (800) 881-2534

www.mennolegal.com

August 12th, 2021

VIA EMAIL: Melanie.solomon@dos.myflorida.com

State of Florida Division of Corporations Address

RE: Letter of Intent Regarding Dissolved Florida LLC's

Entity Name	Document Number			
3500 NW 5 <sup>th</sup> Ave LLC	L20000208690	u= r	2021	
12173 Colony Preserve LLC	L20000208667		AUG	_i ~ .
3550 NW 5 <sup>th</sup> Ave LLC	1.20000208754		ີ ເ	[***
16121 Quiet Vista I.I.C	1.20000208636		PH 2:	C

Dear Melanie:

Please be advised that the undersigned represents the principal of each of the above referenced companies. Due to a clerical error in our office, the above referenced Florida corporations were formed and filed with the Florida division of corporations. However, these corporations were eventually dissolved because new companies were created in the State of Wyoming. It was always our client's intention to form these companies in Wyoming and not in Florida. The companies from the State of Wyoming were herby registered to do business in the State of Florida. Recently, the State of Florida rejected the

filings because, according to the division of corporations, we have also filed corporations with similar names to do business in Florida. Please let this letter serve as confirmation that the Florida companies will not be used to conduct any business now or in the future. The intention is to do business with only the Wyoming Limited Liability Companies. If you require any additional information or have any questions, please feel free to contact me.

Very truly yours.

Michael M. Morino

AGREED and ACKNOWLEDGED:

BY:

Saed Khalil, individually and as Manager of Two Acres Field LLC, a Wyoming Company as Manager of all of the Dissolved Florida Companies



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 11, 2021

MICHAEL MERINO P.A. LAW OFFICES MICHAEL MERINO P.A. 6741 ORANGE DR DAVIE, FL 33314

We have received your document for 3550 NW 5TH AVE LLC. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon Senior Section Administrator

Letter Number: 321A00019113