

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

M2200000574

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855)498-5500
Fax Number : (800)432-3622

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**Foreign Limited Liability Company
18 SUNSET RETAIL, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

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JAN 11 2022

K. Brumbley

COVER LETTER

H22000012772

TO: Registration Section
Division of Corporations

SUBJECT: 18 Sunset Retail, 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:

Bradley W. Colmer

Name of Person

Deco Capital Group, LLC

Firm/Company

IMPORTANT:
The email address
entered here will
be utilized for
future annual
report notifications
and possibly other
NOTIFICATIONS
from the STATE
to the entity!

7215 NE 4th Ave, #101-102

Address

Miami, FL 33138

City/State and Zip Code

bradley.colmer@decocapital.com

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

For further information concerning this matter, please call:

____ at (305) 749 - 0921
Name of Contact Person Area Code Daytime Telephone Number

MAILING ADDRESS:

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

STREET ADDRESS:

Division of Corporations
Registration Section
Chilton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

H22000012772

**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:

1. 18 Sunset Retail, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. State of Delaware

(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____

(EIN number, if applicable)

4. _____

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability.)

5. 590 N.E. 52nd Terrace

(Street Address of Principal Office)

6. _____

(Mailing Address)

Miami, Florida 33137

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

Name:

Bradley W. Colmer

Office Address:

7215 NE 4th Ave, #101-102

Miami

(City)

, Florida

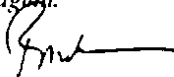
33138

(Zip code)

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CLERK OF CIRCUIT COURT
DADE COUNTY, FLORIDA

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.



(Registered agent's signature)

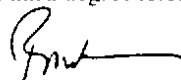
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Bradley W. Colmer - President</u>	<input type="checkbox"/> Manager	Name: <u>Mary Harada - Chief Financial Officer</u>
<input type="checkbox"/> Member	Address: <u>7215 NE 4th Ave, #101-102</u>	<input type="checkbox"/> Member	Address: <u>7215 NE 4th Ave, #101-102</u>
<input checked="" type="checkbox"/> Authorized	<u>Miami, FL 33138</u>	<input type="checkbox"/> Authorized	<u>Miami, FL 33138</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: <u>Ari Shalam - Chief Executive Officer</u>	 <input type="checkbox"/> Manager	Name: <u>Daniel Marinberg - Secretary</u>
<input type="checkbox"/> Member	Address: <u>7215 NE 4th Ave, #101-102</u>	<input type="checkbox"/> Member	Address: <u>7215 NE 4th Ave, #101-102</u>
<input type="checkbox"/> Authorized	<u>Miami, FL 33138</u>	<input type="checkbox"/> Authorized	<u>Miami, FL 33138</u>
Person	_____	Person	_____
<input checked="" type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input checked="" 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	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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 (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

Bradley W. Colmer

Typed or printed name of signer

H22000012772

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "18 SUNSET RETAIL, 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 TENTH DAY OF JANUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "18 SUNSET RETAIL, LLC" WAS FORMED ON THE THIRTY-FIRST DAY OF AUGUST, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



6205945 8300

SR# 20220078988

You may verify this certificate online at corp.delaware.gov/authver.shtmlA handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 202358732

Date: 01-10-22