

Florida Department of State

Division of Corporations
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To:

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

From:

Account Name : RICHARDS & PARTNERS, P.A.
Account Number : I20110000091
Phone : (305)858-9900
Fax Number : (305)285-0015

****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

SERFATI FAMILY LLC

Certificate of Status	0
Certified Copy	0
Page Count	10
Estimated Charge	\$125.00

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Help

**SERFATI FAMILY LLC
20155 NE 38 COURT
UNIT No. 401
AVENTURA, FL 33180**

March 21, 2022

Florida Department of State
Division of Corporation

Re: SERFATI FAMILY LLC (REF W22000035095)

Dear Sir or Madam:

We are in receipt of your letter dated March 17, 2022, regarding the unavailability of the name Serfati Family LLC because of its similarity to an existing entity. This letter serves to inform you that the purpose of this filing is to update the corporate form of the entity since it was converted in its original jurisdiction from a Limited Partnership to a Limited Liability Company. In that regard, please find enclosed the filed Articles of Conversion of Serfati Family Limited Partnership in order to proceed with the filing process.

Sincerely,

By: 

Idel Saiovici, Administrative Manager

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. SERFATI FAMILY LLC

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

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

NEVADA

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

3. (FEI 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)

20155 NE 38 COURT

5. (Street Address of Principal Office)

#401

AVENTURA, FLORIDA 33180

20155 NE 38 COURT

6. (Mailing Address)

#401

AVENTURA, FLORIDA 33180

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

Name: WORLD CORPORATE SERVICES, INC

Office Address: 2665 SOUTH BAYSHORE DRIVE STE 703

MIAMI

(City)

Florida 33133

(Zip code)

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)

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AND
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2022 MAR 30 AM 9:00

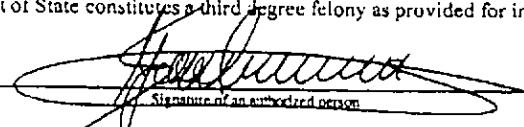
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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:	IDEL SAIOVICI		<input type="checkbox"/> Manager	Name:	JACOB SERFATI	
<input type="checkbox"/> Member	Address:	20801 Biscayne Boulevard		<input type="checkbox"/> Member	Address:	20155 NE 38 COURT	
<input type="checkbox"/> Authorized		#413		<input type="checkbox"/> Authorized		#401	
Person		AVENTURA, FLORIDA 33180		Person		AVENTURA, FLORIDA 33180	
<input checked="" type="checkbox"/> Other	Admin. MGR	<input type="checkbox"/> Other		<input checked="" type="checkbox"/> Other	Investment MGR	<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name:	Idel Saiovici		<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:	20801 Biscayne Boulevard		<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized		#413		<input type="checkbox"/> Authorized			
Person		AVENTURA, FLORIDA 33180		Person			
<input checked="" type="checkbox"/> Other	Distribution MGR	<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				<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
IDEL SAIOVICI

Typed or printed name of signee

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **SERFATI FAMILY LLC**, as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 11/18/2021, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 03/07/2022.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202203072464148

You may verify this certificate
online at <http://www.nvsos.gov>