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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** 1076 SW 158TH WAY, 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:

Leeza Andersen  
Name of Person

The Andersen Firm  
Firm/Company

7771 W. Oakland Park Blvd, Ste 228  
Address

Sunrise, FL 33351  
City/State and Zip Code

LLCAdmin@TAF.law  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Leeza Andersen at ( 954 ) 712-1019  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 13, 2022

LEEZA ANDERSEN  
7771 W OAKLAND PARK BLVD STE 228  
SUNRISE, FL 33351

SUBJECT: 1076 SW 158TH WAY, LLC  
Ref. Number: W22000129588

We have received your document for 1076 SW 158TH WAY, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Tracy L Lemieux  
Regulatory Specialist II

Letter Number: 622A00023006

RECEIVED  
NOV 18 2022

**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. 1076 SW 158TH WAY, 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. Wyoming (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)

5. 1076 SW 158th Way  
(Street Address of Principal Office)  
Pembroke Pines, FL 33027

6. The Andersen Firm  
(Mailing Address)  
7771 W. Oakland Park Blvd, Ste 228  
Sunrise, FL 33351

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

Name: Leeza Andersen

Office Address: 7771 W. Oakland Park Blvd, Ste 228  
Sunrise, Florida 33351  
(City) (Zip code)

2022 NOV 18 PM 5:49  
L.L.C.

**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.*

Leeza Andersen  
(Registered agent's signature)

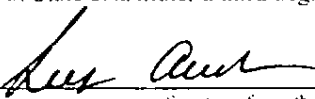
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: MARIA QUINTANA	<input type="checkbox"/> Manager	Name: MARIA QUINTANA LIV TR
<input type="checkbox"/> Member	Address: 511 Enclave Cir E	<input checked="" type="checkbox"/> Member	Address: 511 Enclave Cir E
<input checked="" type="checkbox"/> Authorized	Pembroke Pines, FL 33027	<input type="checkbox"/> Authorized	Pembroke Pines, FL 33027
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: Leeza Andersen	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 7771 W. Oakland Park Blvd	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	Ste 228	<input type="checkbox"/> Authorized	_____
Person	Sunrise, FL 33351	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	_____	<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

Leeza Andersen  
 \_\_\_\_\_  
 Typed or printed name of signee

**STATE OF WYOMING**  
**Office of the Secretary of State**

I, KAREN L. WHEELER, Deputy Secretary of State of the State of Wyoming, do hereby certify that the filing requirements for the issuance of this certificate have been fulfilled.

**CERTIFICATE OF ORGANIZATION**

**1076 SW 158TH WAY, LLC**

I have affixed hereto the Great Seal of the State of Wyoming and duly executed this official certificate at Cheyenne, Wyoming on this **23rd** day of **September, 2022** at **10:15 AM**.

Remainder intentionally left blank.



Filed Date: 09/23/2022

*Karen L. Wheeler*

Deputy Secretary of State

Filed Online By:

Leeza Andersen

on 09/23/2022

**STATE OF WYOMING**  
**Office of the Secretary of State**

I, KARL ALLRED, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office,

**1076 SW 158TH WAY, LLC**

is a

**Limited Liability Company**

formed or qualified under the laws of Wyoming did on **September 23, 2022**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2022-001163542**.

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 21st day of October, 2022 at 1:26 PM. This certificate is assigned ID Number 055952832.



Handwritten signature of Karl Allred in black ink.

Secretary of State