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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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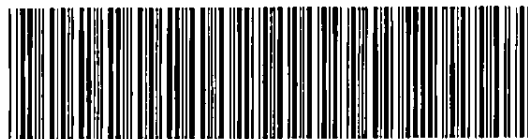
(Business Entity Name)

(Document Number)

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A. Jones

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** HAMPTONS 2805 US INVESTMENTS 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:

Daniel Wagner

\_\_\_\_\_  
Name of Person

Daniel Wagner - The Law Firm

\_\_\_\_\_  
Firm/Company

20807 Biscayne Blvd Suite 201

\_\_\_\_\_  
Address

Aventura, FL 33180

\_\_\_\_\_  
City/State and Zip Code

daniel@danielwagnerlaw.com

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

For further information concerning this matter, please call:

Daniel Wagner

305

919 7788

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:*

1. HAMPTONS 2805 US INVESTMENTS 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. San Juan, Puerto Rico 3. 66-0875202  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 3/23/2023  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. <u>Urb. La Villa de Torrimar</u> (Street Address of Principal Office)	6. <u>Urb. La Villa de Torrimar</u> (Mailing Address)
<u>170A Calle Reina Isabel</u>	<u>170A Calle Reina Isabel</u>
<u>Guaynabo, PR 00969</u>	<u>Guaynabo, PR 00969</u>

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

Name: Natalie Saltz

Office Address: 20201 E. Country Club Dr., Units 2805

Aventura, Florida 33180  
(City) (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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TALLAHASSEE, FLORIDA

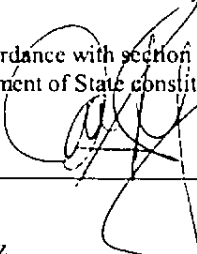
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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>Carlos Saltz</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Marta Ganapolsky</u>
<input checked="" type="checkbox"/> Member	Address: <u>Urb. La Villa de Torrimar</u>	<input checked="" type="checkbox"/> Member	Address: <u>Urb. La Villa de Torrimar</u>
<input checked="" type="checkbox"/> Authorized	<u>170A Calle Reina Isabel</u>	<input checked="" type="checkbox"/> Authorized	<u>170A Calle Reina Isabel</u>
Person	<u>Guaynabo, PR 00969</u>	Person	<u>Guaynabo, PR 00969</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	_____	<input type="checkbox"/> Authorized	_____
Person	_____	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.

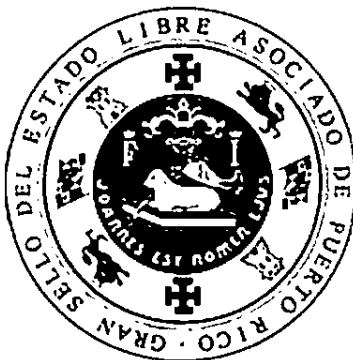
  
 \_\_\_\_\_  
 Signature of an authorized person  
 Carlos Saltz  
 \_\_\_\_\_  
 Typed or printed name of signer



## CERTIFICATE OF GOOD STANDING

I, **Omar J. Marrero Diaz**, **Secretary of State** of the Government of Puerto Rico,

**CERTIFY:** That, pursuant to Puerto Rico's General Law of Corporations, **HAMPTONS 2805 US INVESTMENTS LLC**, register number **392095**, a **for profit domestic** Limited Liability Company organized under the laws of Puerto Rico on **March 1, 2017**, has complied with the payment of its Annual Fees.



**IN WITNESS WHEREOF**, the undersigned by virtue of the authority vested by law, hereby issues this certificate and affixes the Great Seal of the Government of Puerto Rico, in the City of San Juan, Puerto Rico, today, **March 26, 2023**.

**Omar J. Marrero Diaz**  
Secretary of State

To validate this certificate go to:

<https://estado.pr.gov/>

This certificate is valid for one (1) year from issue date (Regulation 8688, Art. 26). However, it is subject to faithful compliance with the provisions of Chapter XV and Chapter XXI of Act 164-2009, as applicable.

Certificate Validation Number: **531824-46885582**