

M23000005887

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

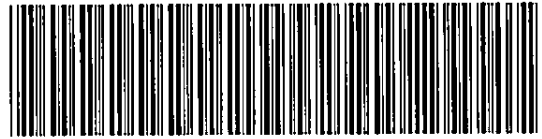
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W23000049820

Office Use Only



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2023 MAY -6 PM 2:24

RECEIVED  
MAY 6 2023

MAY 06 2023

Grumley



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 10, 2023

CHARLES SHER  
990 HIGHLAND DRIVE  
#301  
SOLANA BCH, CA 92075

SUBJECT: FLPIZZA78 LLC  
Ref. Number: W23000049820

We have received your document for FLPIZZA78 LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$638.75.

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) 245-6053.

Yvette Scott  
Supervisor

Letter Number: 223A00008082

LAW OFFICES OF  
**Bergman & Jacobs**  
A PROFESSIONAL ASSOCIATION

RICHARD H. BERGMAN  
MARK A. JACOBS

2700 N. 29<sup>th</sup> AVENUE  
SUITE 205  
HOLLYWOOD, FLORIDA 33020

TELEPHONE: (954) 923-3533  
FACSIMILE: (954) 613-5901

April 21<sup>st</sup>, 2023

Florida Dept. of State  
Division of Corporations  
Attn: Yvette Scott, Supervisor  
P.O. Box 6327  
Tallahassee, Florida 32314

**RE: FLPIZZA78 LLC - Foreign Company**  
**REF. NO.: W23000049820**

Dear Ms. Scott:

In response to your letter dated April 10<sup>th</sup>, 2023, a copy of which is attached hereto for your reference, please note that the date entered on the application for ("date first transacted business in Florida, if prior to registration") was entered erroneously. This was a scrivener's error and as such has been deleted. FLPIZZA78 LLC has not transacted any business in the State of Florida as of this date.

Please see attached updated copy of Application for processing.

Should you have any questions or concerns, please do not hesitate to advise.

Thank you for your courtesy.

Very Truly Yours,  
**BERGMAN & JACOBS, P.A.**

By: /s/ Ileana M. Rojas  
**Ileana M. Rojas, Paralegal to**  
**MARK A. JACOBS, ESQ.**

Enclosures

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: FLPIZZA78 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:

Charles Sher  
Name of Person

Firm/Company

990 Highland Drive # 301  
Address

SOLANA BEACH, CA 92075  
City/State and Zip Code

charlie@Four-Sher.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Charles Sher at ( 619 ) 977-6606  
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. FL PIZZA 78 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. CALIFORNIA  
(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. 990 HIGHLAND DR #301  
(Street Address of Principal Office)

6. 990 HIGHLAND DRIVE #301  
(Mailing Address)

SOLANA BCH, CA 92075

SOLANA BCH, CA 92075

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

Name: MARK JACOBS

Office Address: 2700 NORTH 29<sup>th</sup> Ave Suite 205

HOLLYWOOD, Florida 33020  
(City) (Zip code)

2023 MAY - 6 PM 2:24

FILED

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.

Mark A. Jacobs  
(Registered agent's signature)  
MARK A. JACOBS

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:	Charles Sher		<input checked="" type="checkbox"/> Manager	Name:	DONNA SHER	
<input type="checkbox"/> Member	Address:	990 Highland Dr #301		<input type="checkbox"/> Member	Address:	PO Box 3756	
<input type="checkbox"/> Authorized		Solana Bch, CA 92075		<input type="checkbox"/> Authorized		RSF, CA 92067	
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	
 <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.

Charles J Sher

Signature of an authorized person

Charles J Sher

Typed or printed name of signer



## Secretary of State Certificate of Status

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name:	FLPIZZA78 LLC
Entity No.:	202354218585
Registration Date:	01/10/2023
Entity Type:	Limited Liability Company - CA
Formed In:	CALIFORNIA
Status:	Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of March 10, 2023.

SHIRLEY N. WEBER, PH.D.  
Secretary of State

Certificate No.: 089777740

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at [blzfileOnline.sos.ca.gov](https://blzfileOnline.sos.ca.gov).