M2300010764

(Re	questor's Name)	
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(City	//State/Zip/Phone #)	
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(Bus	siness Entity Name)	
(Doo	cument Number)	
Certified Copies	Certificates of St	atus
Special Instructions to F	Filing Officer:	
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W23-104552



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 4, 2023

/ 4

FRANK STELLA, CPA 6160 FAIRMOUNT AVENUE, SUITE A SAN DIEGO, CA 92120 US

SUBJECT: 1080 NE MANAGEMENT INC Ref. Number: W23000106552

We have received your document for 1080 NE MANAGEMENT INC and check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$150.00.

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

Ariel Jones Regulatory Specialist II

Letter Number: 023A00017659

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: 1080 NE MANAGEMENT INC

Name of corporation - must include suffix

Dear Sir or Madam:

. . . .

.

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida." "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

FRANK STELLA, CPA

	Name	of Person		
FRANK STELLA, CPA				
· · ·	 Firm/C	ompany		
6160 FAIRMOUNT AVE	NUE, SUITE A			
	Ac	dress	· •··	
SAN DIEGO, CA 92120				
	City/Stat	e and Zip code		
FRANK@FRANKSTELI	LACPA.COM			
	E-mail address: (to be use	d for future annual report notific	ation)	
	concerning this matter, pleas			
FRANK STELLA, CPA	at (280-7076		
Name of Perso	n Area C	ode Daytime Telephone I	Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		Registration Sectior Division of Corpora P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Tallahassee, FL				
Enclosed is a check for Please make check payabl	the following amount: e to: FLORIDA DEPARTME	NT OF STATE		
■ \$70.00 Filing Fee			\$87.50 Filing Fee, Certificate of Status & Certified Copy	

DocuSigh Envelope ID: 5DEDB53E-AA83-476F-BB98-CA5E669B0A6C

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1080 NE MANAGEMENT INC. 1.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp." "Inc," "Co," or "Corp.")

DELAWARE	able in Florida, enter alternate corporate nam	36-5025044	iness in Florida)
2. (State or countr 05/27/2022	y under the law of which it is incorporated)	3	
(Date 5/27/2022	of incorporation)	(Date of duration, if other than p	perpetual)
J		in Florida, if prior to registration) 1502, F.S., to determine penalty liability)	
1007 N ORANGI 7.	E STREET. 4TH FLOOR. WILMINGTON.	DE 19801	
· · · · · · · · · · · · · · · · · · ·	(Principal o	ffice street address)	
121 NE 34TH ST	TREET, UNIT 1110. MIAMI, FL 33137		
	(Current mai	ing address, if different)	MI 9: 05
8. Name and <u>stree</u>	et address of Florida registered agent: (P	.O. Box <u>NOT</u> acceptable)	
Name:	OASIS PRIVATE RESIDENCES		
Office Address:	121 NE 34TH STREET, UNIT 1110		
	MIAMI	Florida	
	(City)	(Zip code)	

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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.

DocuSigned by:	
- 7	
- Ti jet	
2D6C0E7EA4A54CD	
(Desistand execting signature)	

(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

	•	• •	•
A.	DIF	ECTO	ORS

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⊡Chairman	MOHAMMAD NAYEF ALSABAH	Chairman	Name:	
□Vice Chairman	BUILDING 5 FLOOR NB 0 Address:	□Vice Chairman	Address:	<u>.</u>
Director	BLOCK I FLAT O	Director		
President	QURTOBA, KUWAIT	□President		
□Vice Presidem		□Vice President		
Secretary	Treasurer	□Secretary	!	Treasurer
⊡0ther	Other	□Other		□Other
 □ Chairman □ Vice Chairman □ Director □ President ■ Vice President □ Secretary 	NASER BADER ALSABAH Name: 6 ALMASSILA BLOCK 6 Address: 6 ALMASSILA BLOCK 6 HOUSE 25 KUWAIT	□Chairman □Vice Chairman □Director □President □Vice President □Secretary	Address:	□Treasurer
□Other	Other	①Other		□Other
Director President Vice President	JABER H ALSABAH Name: 8 ALJABRIYA BLOCK 8 ST 4 Address: 8 ALJABRIYA BLOCK 8 ST 4 HOUSE 7 1000000000000000000000000000000000000	□Director □President □Vice President	Address:	
Secretary	Treasurer 🖬	Secretary		Treasurer
Other	□Other	⊡Other		⊡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 thing your Florida Department of State Annual Report form.

12.	- Calli	
	7.)	Signature of Director or Officer
The officer or direc	tor signing this document (and	- I who is listed in number 11 above) affirms that the facts stated herein are true and that he or

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in \$3,817,155, F.S.

13. MOHAMMAD NAYEF ALSABAH, PRESIDENT



The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT "1080 NE MANAGEMENT INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

. . .

CERTIFICATE OF INCORPORATION, FILED THE TWENTY-SEVENTH DAY OF MAY, A.D. 2022, AT 9:59 O'CLOCK P.M.

CERTIFICATE OF CHANGE OF REGISTERED AGENT, FILED THE TWENTY-SECOND DAY OF FEBRUARY, A.D. 2023, AT 1:21 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE AFORESAID CORPORATION, "1080 NE MANAGEMENT INC.".

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "1080 NE MANAGEMENT INC." WAS INCORPORATED ON THE TWENTY-SEVENTH DAY OF MAY, A.D. 2022.



Jeffrer ch. Secretary of Stat

Authentication: 203802861 Date: 07-21-23

Page 1

You may verify this certificate online at corp.delaware.gov/authver.shtml

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SR# 20233057903



Page 2

The First State

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

· .



You may verify this certificate online at corp.delaware.gov/authver.shtml

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SR# 20233057903

ch, Secretary of State

Authentication: 203802861 Date: 07-21-23