

M25000001420

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

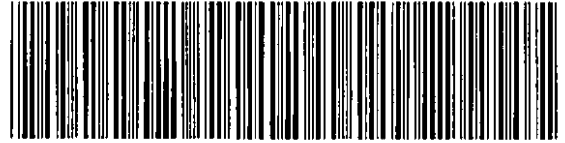
(Document Number)

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

Special Instructions to Filing Officer:

W24000142164

Office Use Only



900437463549

10/04/24--01027--008 \*\*125.00

APPROVED  
AND  
FILED  
2025 JAN 17 PM 1:40  
101 MARKET STREET  
PORTLAND, ME 04101

JAN 30 2025

K. Brumbley



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 13, 2024

SIMON LIBRATI (2nd rejection)  
300 ALTON ROAD, STE 305 B  
MIAMI BEACH, FL 33139 US

SUBJECT: MBYC LLC  
Ref. Number: W24000142164

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

You failed to make the correction(s) requested in our previous letter.

Please note the original name that corresponds with your certificate of existence.  
Please note your alternate name .

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.

Corey Pettway  
Regulatory Specialist II

Letter Number: 224A00027137

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** MBYC 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:

SIMON LIBRATI  
Name of Person

MBYC LLC  
Firm/Company

300 Biscayne Blvd. Way #606  
Address

Miami Beach, FL 33131  
City/State and Zip Code

compliance@focused-synergy.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jessica Christovam      561      414-4654  
Name of Contact Person      at (      )      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. MBYC LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Prestige Yacht Club of Miami Beach 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 3. 99-3537081  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 06/11/24  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 300 ALTON ROAD STE 305B 6. 300 ALTON ROAD STE 305B  
(Street Address of Principal Office) (Mailing Address)

MIAMI BEACH, FL 33139 MIAMI BEACH, FL 33139

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

Name: SIMON LIBRATI  
Office Address: 300 ALTON ROAD STE 305B  
MIAMI BEACH, Florida 33139  
(City) (Zip code)

APPROVED  
AND  
FILED  
2025 JAN 17 PM 1:40  
CLERK OF COURT  
CLERK OF COURT  
CLERK OF COURT

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.

[Signature]  
(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]:

**Title or Capacity:** **Name and Address:**

☒ Manager Name: HOWARD MORIN

☐ Member Address: \_\_\_\_\_

☐ Authorized 1221 BRICKELL AVE STE 900

Person MIAMI, FL 33131

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☒ Manager Name: PETER DOWNING

☐ Member Address: 600 ANTON BLVD. STE 1600

☐ Authorized COSTA MESA, CA 92626

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☒ Manager Name: JOHN McELWEE

☐ Member Address: 12 IDDINGS LANE

☐ Authorized NEWTON SQUARE, PA 19073

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

**Title or Capacity:** **Name and Address:**

☒ Manager Name: SIMON LIBRATI #606

☐ Member Address: 300 Biscayne Blvd. Way

☐ Authorized MIAMI, FL 3313

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

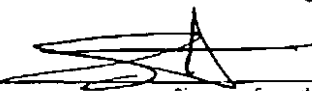
Person \_\_\_\_\_

☐ 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 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

SIMON LIBRATI  
\_\_\_\_\_  
Typed or printed name of signee

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

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

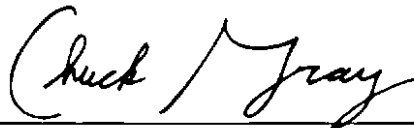
**MBYC LLC**  
is a  
**Limited Liability Company**

formed or qualified under the laws of Wyoming did on **June 11, 2024**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2024-001472355**.

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 17th day of January, 2025 at 11:01 AM. This certificate is assigned ID Number 080994336.





Secretary of State