M2500000 7711

(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:

Office Use Only



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CSC - Tallahassee CSC 1201 Hays Street Tallahassee, FL 32301-2607 850-558-1500, Ext: x61563

To: Department Of State, Division Of Corporations

From: Shauna Godbolt

Ext: x61563 Date: 05/27/25 Order #: 2328879-1

Re: 55 Miracle Mile Real Estate And Investment LLC

Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

Amount to be deducted from our State Account: \$130.0 good standing needed - FL State

Account Number: 120000000195

Certificate of Good Standing from State of Incorporation

Please take the following action:

File in your office on basis Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

Registration Section

TO:

T:Nan	ne of Limited Liability Company
osed "Application by Foreign Limited Liability , and check are submitted to register the above	Company for Authorization to Transact Business in Florida," Certi referenced foreign limited liability company to transact business in
turn all correspondence concerning this matter	to the following:
Joel Piotrkowski	
	Name of Person
Green & Piotrkowski, PLLC	
	Firm/Company
20801 Biscayne Blvd. Suite 307	
	Address
Aventura, Florida, 33180	
	Lity/State and Zip Code
Joel@gkppa.com	
E-mail address: (to b	e used for future annual report notification)
er information concerning this matter, please ca	dl:
Joel Piotrkowski	305 865-4314
Name of Contact Person	Area Code Daytime Telephone Number
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	•

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPILANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

,	aine adopted for the purpose of transacting business in Flori	da. The alternate name must include "Limited Lia	ibility Company," "L.L.C," (or "LLC.
Delaware		33-4086808 3.		
(Jurisdiction under the law of wh	hich foreign limited liability company is organized)	(FEI numbe	er, if applicable)	
May 23, 2025				
	(Date first transacted business in Florida, if prior to reg (See sections 605,090) & 605,0905, F.S. to determine	istration.) penalty liability)		
210 71st Street		210 71st Street		
reet Address of Principal Office)		6. (Mailing Address)		
Suite 309		Suite 309		
Miami Beach, Florida	33180	Miami Beach, Florida 331	80	
Name and street address	s of Florida registered agent: (P.O. Box)	<u>vOT</u> acceptable)	2025 HA	-
Name:	Corporation Service Company		Y 27	بعد بعد
Office Address:	1201 Hays Street		RH S	1 1
	Tallahassee	32301 , Florida	: 22 TATE	V-a-mark
	(City)	(Zin code)		

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: Title or Capacity: Name and Address: Name: Henri Guedj Haim Yehezkel Name: **■** Manager ■ Manager Address: ____ Address: 210 71st Street □Member □Member Suite 309 **UNIT 1402** □ Authorized □ Authorized Miami Beach, FL 33141 Miami, Florida 33160 Person Person □Other____ □Other____ □Other____ Other_____ Name: _____ Name: □Manager □Manager □Member Address: ______ □Member Address: _____ ☐ Authorized ☐ Authorized Person Person □Other □Other □Other □Other _____ Name: _____ Name: □Manager □Manager □Member Address: □ Member Address: □Authorized ☐ Authorized Person Person □Other_____ □Other____ □Other Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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 Haim Yehezkel

Typed or printed name of signee

QUAL-405442

Page 1

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE
OF DELAWARE, DO HEREBY CERTIFY "55 MIRACLE MILE REAL ESTATE AND
INVESTMENT LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF
DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR
AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-THIRD DAY OF
MAY, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "55 MIRACLE MILE REAL ESTATE AND INVESTMENT LLC" WAS FORMED ON THE EIGHTEENTH DAY OF MARCH, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

Charuni Patibanda-Sanchez, Secretary of State
Authentication: 203773829

C. G. Sanchez

Date: 05-23-25