



Signs, Signs Who Signs for the LLC?

Presented by:
LEGAL EDUCATION

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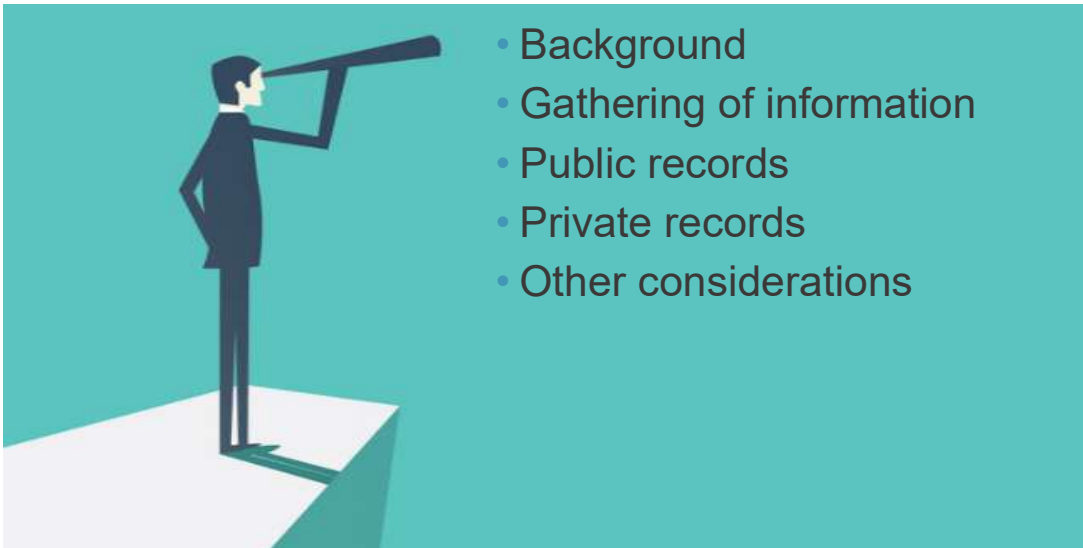


Signs, Signs, Who Signs for an LLC?

Linda Monaco, B.C.S.
Senior Legal Education Attorney

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Overview



- Background
- Gathering of information
- Public records
- Private records
- Other considerations

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Background

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What is an LLC?

- Business structure established by state statute
- Entity separate from its owners
 - Separate from owners' assets
- Taxed either as
 - Part of owners' taxes
 - Partnership or
 - Corporation
- Each state has its own rules for the establishment of an LLC
- There is no federal LLC

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What is an LLC?

- Florida LLCs are governed by Ch. 605, F.S.
- The name of a Florida LLC must include
 - LLC
 - L.L.C.
 - Limited Liability Company
 - Sec. 605.0112 (1)(a), F.S.
 - PL, P.L., PLLC, P.L.L.C., or Professional Limited Liability Company or
 - Sec. 621.12, F.S.
- Therefore, an entity with LLC, PL, PLLC, L.L.C., P.L., P.L.L.C. or Professional Limited Liability Company, Limited Liability Company in its name is an LLC



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Florida LLC Member(s) & Management

- LLC may have
 - Single member or
 - Multiple members
- Management of an LLC may be
 - **Member**-managed (default) or
 - **Manager**-managed
- Manager may be
 - Single person or
 - Multiple persons



Any one manager has the power to bind the LLC unless limited



Look for the word “manager”



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Formation of Florida LLC

- One or more persons may act as an authorized representative to form an LLC
 - Authorized representative
 - Is not a manager &
 - Cannot bind the LLC in real estate transactions as an authorized representative
- Authorized representative
 - Signs &
 - Delivers the articles of organization to the department for filing

Authorized Representative \neq Manager



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Florida LLC Articles of Organization

- Must state
 - Name of the LLC complying with Sec. 605.0112, F.S.
 - Street & mailing address of principal's office
 - Registered agent (person who accepts legal papers & notices)
 - Name
 - Street address within the state of Florida &
 - Written acceptance as initial registered agent
- May contain other information, such as
 - Type of management
 - List of members & addresses
 - Description of authority or limitations
 - Other relevant matters



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LLC Annual Reports in Florida

- Filed annually
- States:
 - Name of LLC
 - Street address of principal office & mailing address
 - Date & jurisdiction of its organization
 - Federal employer identification number or
 - If none, if one has been applied for
-  Name, title or capacity & address of at least one person who has authority to **manage** the company
- Other additional information

Commitment – LLC01

- *Confirm the authority of the individual designated to bind the LLC by the laws of its jurisdiction of formation, and*
 - *[W]here the authority is not confirmed by public records,*
 - *[R]ecord appropriate evidence of authority.*
 - *If the LLC is a sole member LLC, provide the name of the sole member for review.*
 - *The Company reserves the right to make further requirements.*

AMERICAN LAND TITLE ASSOCIATION
COMMITMENT FOR TITLE INSURANCE

ISSUED BY OLD REPUBLIC NATIONAL TITLE INSURANCE COMPANY

SCC – LLC01 – Guidance

For Florida LLCs:

1. Review of the operating agreement is not necessary where the Fund Member is not on notice of information that conflicts with the publicly available information or otherwise requires further investigation and:
 - a. The articles of organization and public information, including Sunbiz.org and the public records where the property is located, conclusively establish the authority of the person who is executing the document to be insured; or
 - b. Where all members and/or managers, as applicable, sign a resolution to be recorded authorizing the transaction and authorizing the person who is executing the document to be insured to bind the LLC; or
 - c. Where a Florida LLC is relying on a Statement of Authority per Sec. 605.0302, F.S. and;
 - i. The public information on Sunbiz.org conclusively establishes the authority of the person signing the Statement of Authority; and
 - ii. A certified copy of the Statement of Authority has been recorded in the county where the Land is located.
- **NOTE:** For insuring purposes, The Fund does not authorize reliance on a Florida Statement of Authority filed pursuant to Sec. 605.0302, F.S. for foreign LLCs. See TN 11.10.11 (C) for further explanation.

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SCC – LLC01 – Guidance

For Florida LLCs:

2. In all other circumstances the operating agreement should be presented for review together with an affidavit to be recorded (See Aff-62 for form) signed by an authorized person with knowledge that states that:
 - a. A true and complete copy of the operating agreement together with all amendments has been presented for review; and
 - b. Describing applicable provisions of the operating agreement and confirming the authority of the person executing the instruments to bind the LLC; and
 - c. Where the LLC has delegated the authority to the proposed signer in a document other than an effective Statement of Authority, such as a Power of Attorney, confirms that such delegation is not prohibited; and
 - d. No certified statement of authority limiting, canceling or restrictively amending the authority of the affiant has been filed with the Florida Department of State or recorded in the official records of the county where the property lies; and
 - e. The person authorized to execute the affidavit and execute the closing documents has not become dissociated pursuant to Sec. 605.0302 (11), F.S.

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SCC – LLC01 – Guidance

For Florida LLCs:

3. In addition to the requirements of Paragraph 1 or 2 above, as applicable:

- a. Determine that the LLC and the majority members-in-interest are not debtors in bankruptcy, and where an LLC is one of a family of entities, determine that none are debtors in bankruptcy and if any are, Fund Underwriting Counsel must approve the transaction before title is insured;
- b. For a sole member LLC, a determination must be made that there are no creditors who have acquired or attempted to acquire control of the LLC by execution of the Member's interest or otherwise; and If there are such creditors, Fund Underwriting Counsel must approve the transaction to be insured. Additional requirements and/or exceptions may be added to the title commitment; and
- c. Conflicts in information between state filings and in governing documents should be resolved through necessary amendments to either governing documents or state filings, as appropriate.

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SCC – LLC01 – Guidance

For Foreign LLCs:

- A foreign LLC is one that is formed in any state outside of the United States & any foreign country
- Record evidence of authority of person to bind LLC by laws of its jurisdiction of formation &
- Follow items Paragraph 3(a) and 3 (b) above
- This may require a legal opinion from an attorney licensed to practice law in that foreign jurisdiction

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Statement of Authority

Florida LLC Only

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Statement of Authority

- A certified copy of statement of authority recorded in the official records where the real property is located
- Either grants or limits authority of a person to transfer real property held in name of the LLC

	01/07/2015 -- ANNUAL REPORT	View image in PDF format
	01/06/2015 -- CORLCAUTH	View image in PDF format
	01/09/2014 -- ANNUAL REPORT	View image in PDF format

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STATEMENT OF AUTHORITY

Pursuant to section 605.0362(1), Florida Statutes, this limited liability company submits the following statement of authority:

FIRST: The name of the limited liability company is: Florida Real Estate Investors Fund, L.L.C.


SECOND: The Florida Document Number of the limited liability company is: L13000057518

THIRD: The street address of the limited liability company's principal office is:
10100 West Sample Road, Suite 325
Coral Springs, FL 33065

The mailing address of the limited liability company's principal office is:
10100 West Sample Road, Suite 325
Coral Springs, FL 33065

FOURTH: This statement of authority grants or sets limitations of authority on all persons having the status or position of a person in a company, whether as a member, transferee, manager, officer or otherwise or to a specific person on the following:

- May execute an instrument transferring real property held in the name of the company.
 - Granted to: AFTAB A. CUMBER, ALLAUDDIN PANJWANI
GUL A. CUMBER
 - No authority granted to: _____
- May enter into other transactions on behalf of, or otherwise act for or bind, the company.
 - Granted to: AFTAB A. CUMBER, ALLAUDDIN PANJWANI
GUL A. CUMBER
 - No authority granted to: _____


 Signature of authorized representative: AFTAB A. CUMBER
 Typed or printed name of signature

Filing Fee: \$25.00
 Certified Copy: \$38.00 (optional)

CR2E138 (2/14)

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FILED
 2015 JAN -6 AM 11:53
 STATE OF FLORIDA
 HALL COUNTY CLERK

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Statement of Authority – Reliance

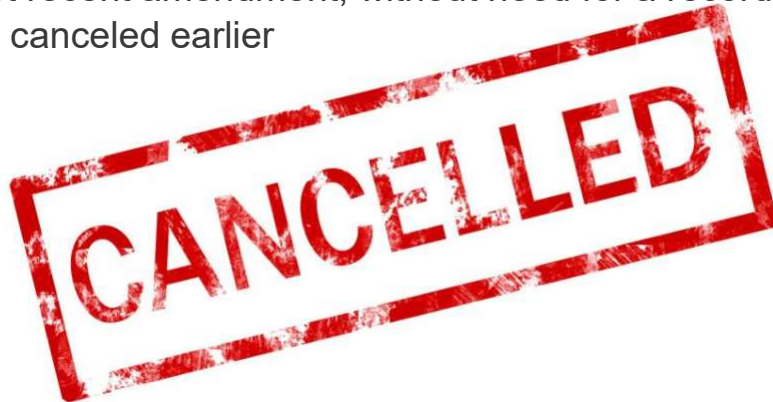
- One is allowed to rely on the statement of authority unless
 - That person has knowledge contrary to the statement of authority, or
 - Statement of authority has been
 - Canceled or
 - Restrictively amended, or
 - A limitation on such authority is contained in another (second) statement of authority that became effective after the (original) statement of authority containing the grant became effective &
 - A certified copy of such cancellation or
 - Amendment (or later (second) statement) has been recorded in the official records



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Statement of Authority – Cancellation

- Statement of authority is canceled by operation of law 5 years
 - After effective date of statement, or
 - Its most recent amendment, without need for a recording,
 - Unless canceled earlier



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Statement of Authority – Reliance for Insurance

- For insuring purposes, proper statements of authority may be relied upon for
 - Bona fide sales or mortgages provided that there
 - Is no knowledge on part of the issuing Fund Member that person named in statement of authority is not authorized to bind company in transaction to be insured, &
 - Is nothing recorded that casts doubt upon that person's authority



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Statement of Authority – Summary

- Only for Florida LLCs
- Must still be valid
 - Must be less than 5 years old
 - Any contrary amendments?
- Review
 - Does it give authority to proposed signatory to act on behalf of LLC to execute the required documents?
 - Are there limitations on this authority listed?
 - What are the limits?
- See "The LLC Statement of Authority – The New Florida Alternative," 48 Fund Concept 13 (Jan. 2016)
- Does your office have any information to the contrary?

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TN 11.10.01

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TN 11.10.01 B. Deeds & Mortgages

- Unless a recorded certified statement of authority limits the authority of a member or manager
 - Sec. 605.04074(3), F.S. protects
 - Bona fide purchasers &
 - Mortgagees who rely upon a deed or mortgage or other instrument which conveys or affects the company's title to real property &
 - Is executed by a member of a member-managed company or
 - A manager of a manager-managed company

MANAGER

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The Fund

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TN 11.10.01 B. Deeds & Mortgages

- For insuring bona fide sale or mortgage transactions
 - On the condition that there is no recorded limitation of authority &
 - Fund Member has no knowledge of limiting terms in the operating agreement
 - Operating agreement may also be referred to as a "limited liability company agreement" or
 - Similar, 605.0102(55)(e), F.S.
- It will not be necessary to review an operating agreement if
 - Articles of organization &
 - Annual report conclusively evidence authority of person who is executing document to be insured

TN 11.10.01 B. Deeds & Mortgages

- Evidence of authority may be determined by examining the Secretary of State's website to determine
 - That the LLC is either
 - Member-managed or
 - Manager managed, &
 - To establish the identity of the member(s) or manager(s), respectively

MANAGER

TN 11.10.01 B. Deeds & Mortgages

- A review of operating agreement will be necessary to confirm authority of person signing for LLC if,
 - Documents filed with Department of State do not
 - Identify of members or managers of LLC or
 - Names specific person who proposes to execute documents to be insured
 - There is no valid recorded statement of authority or
 - LLC has delegated authority to proposed signatory in a document that is not a statement of authority or
 - Fund Member has knowledge of terms of operating agreements which conflicts with statement of authority



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TN 11.10.01 B. Review of Operating Agreement

- Required for a **manager**-managed &
 - More than one manager &
 - Operating agreement does not provide otherwise
 - Unanimous written consent of all managers or
 - Meeting of the manager with an affirmative vote by a majority is required
 - Sec. 605.04073(2). F.S.

MANAGER



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TN 11.10.01 B. Review of Operating Agreement

- Required for a **member**-managed (default) but
 - No written operating agreement or
 - Operating Agreement is not produced, then
 - All members must execute an affidavit establishing that they
 - Are currently all of the members of the LLC &
 - Consent to the conveyance or mortgage
 - If the number of members is so large that the affidavit becomes unwieldy, the affidavit may be executed by a majority of the *members-in-interest* per Sec. 605.0102(37), F.S.

MANAGER



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Affidavit-62

Limited Liability Company

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Lack of Written Operating Agreement or

Written Operating Agreement not presented

- Use “Affidavit – 62 Limited Liability Company”
- Give the affidavit to the proposed signatory
- This affidavit mirrors
 - TN 11.10.01 &
 - Florida Statute
- Once returned review carefully

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Affidavit
[Limited Liability Company]
(TN 11.10.01, 11.10.02, SCC ENT01 and LLC01)

BEFORE ME, the undersigned authority, duly authorized to take acknowledgments and personally appeared _____ (“Affiant”), who depose(s) penalties of perjury that:

(when used, “Affiant”, includes singular or plural as context so requires or)

1. This affidavit is made with regard to the following described property:
[Insert legal description of real property]

2. Affiant makes this affidavit on individual knowledge and on behalf of _____ a limited liability company, the laws of _____ (“LLC”) that is a party to a transaction and is the [check all that apply]: _____ Seller _____ Buyer _____ Borrower.

For Florida Limited Liability Companies:

3. Affiant(s) _____ *[state names of persons as be insured]* has the authorization to execute the deed, mortgage, closing documents, a insured, as applicable, (“Closing Documents”), to bind the LLC under one of the following:

Initial all that apply

A. _____ A statement of authority has been filed with the Florida Department of State has been recorded on _____ in Official Records _____ County, FL Affiant to execute the Closing Documents. Affiant has the authority to execute the behalf of the LLC, and Affiant knows of no facts that may provide notice to any party any actual lack of authority of Affiant. The transaction qualifies as a bona fide transaction.

B. _____ Affiant is identified by name in the current documents filed with the Florida _____ *[state whether manager or member]* of a _____ member or manager managed LLC. Affiant must be member of member manages managed LLC. Affiant has the authority to execute the Closing Documents on behalf of the LLC. Affiant knows of no facts that may provide notice to any party any actual lack of authority of Affiant. The transaction qualifies as a bona fide transaction.

C. _____ Affiant has produced certified copies of articles of organization and amended true and correct copy of regulations or operating agreement, which verify that Aff Affiant and LLC have complied with all procedures to authorize such signatory.

D. _____ No operating agreement has been provided for review. Affiant _____ *[state whether all or a majority of the members in interest per Sec. 605.01(2)(3), F.S.]* _____ *[state whether conveyance, purchase or mortgage]* _____ as _____ *[state whether manager, or authorized signatory]* to execute the Closing Documents necessary for regards to the Property. The names of all of the current members-in-interest of the are: *[list all members and their respective members-in-interest]*.

4. No certified statement of authority limiting, canceling or restrictively amending the member or a manager or of the LLC’s authorized signatory has been filed with the FL recorded in the official records of the county where the property lies.

5. The person authorized to execute this affidavit and the person or entity, as applicable, Closing Documents for the LLC has not become dissociated pursuant to Sec. 605.030 person or entity, as applicable, wrongfully caused dissolution of the company.

For Foreign Limited Liability Companies, Including Non-United States Entities:

6. Affiant is authorized to execute the Closing Documents on behalf of the LLC by the LLC, _____ *[state or country of registration]* attorney licensed to practice law in the place of domicile of the LLC has been obtained authority for the Affiant to execute the Closing Documents under the laws of the for _____

For Both Florida and Foreign Limited Liability Companies:

7. The person executing this affidavit is authorized to execute the Closing Documents for has not been a debtor in bankruptcy since becoming a member or manager of the LLC then, in addition, the person or entity, as applicable, executing the Closing Documents has not been a debtor in bankruptcy since becoming a member, manager or authorized

8. *Initial as applicable:*
_____ LLC is not a debtor in bankruptcy;
_____ The Majority-in-interest of members of the LLC are not debtors in bankruptcy;
_____ LLC is not one of a family or group of entities;
_____ LLC is one of a family or group of entities, but none of the other entities in this a debtor in bankruptcy. [The following are to be considered in determining whether or family or group of entities: having principals in common with other entities; being related to another entity; whether funds flow upstream or downstream to other entities; assets are commingled with those of other entities.]

9. *Initial as applicable:*
_____ LLC has more than one member.
_____ LLC is a single member limited liability company, but there are no creditors who attempting to acquire control of LLC by executing on or attaching or seizing the means

10. This affidavit is made to induce Old Republic National Title Insurance Company, (“Title Insurer”) to insure title to the real property described in item 1 above. Affiant, individually and on behalf of the limited liability company described in item 2 above agrees to indemnify Title Insurer and hold it harmless from any loss or damage resulting from its reliance on the matters set forth in this affidavit.

Print Name: _____ (Affiant)

STATE OF _____
COUNTY OF _____

The foregoing instrument was sworn to and subscribed before me by means of [] physical presence or [] online notarization this _____ day of _____, 20____, by _____ who [] is personally known or [] has produced _____ as identification.

[Notary Seal]

Notary Public
Printed Name: _____
My Commission Expires: _____

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AB-62 - 1 - AB-62 - 2 - AB-62 - 3 - Revised December 2011

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Gathering Information

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No Easy Answers

- Information may be conflicting resulting in no easy answer as to who may sign for the LLC
- Sources of information to make a determination:
 - Sunbiz.org
 - Recorded Statement of Authority
 - Members of LLC
 - Information available in your office, if any
- Log information on
 - Information Gathering for Florida LLCs form

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Information Gathering for Florida LLCs		
Does name include LLC, L.L.C., Limited Liability Company, PL, P.L., PLLC, P.L.L.C. or Professional Limited Liability Company?		If not, do not continue
Go to: dos.myflorida.com/sunbiz/search FEI/EIN: <input type="text"/>		Status: Choose an item.
Florida LLC? Choose an item.		If not, take additional steps for foreign LLC
Review Articles of Organization & any & all amendments on Sunbiz		
Use most recent information for answers – look for the word “manager” NOT authorized person, president, managing member or other		
Can you determine if the LLC is member-managed or manager-managed? Choose an item.		
If yes, which is it? Choose an item.	Date formed <input type="text"/>	Date acquired <input type="text"/>
Manager-Managed		
Name of manager(s) <input type="text"/>		<input type="text"/>
<input type="text"/>		<input type="text"/>
<input type="text"/>		<input type="text"/>
If there is more than one manager, may they act alone or must they act together? Choose an item.		
Does it state a limitation on the manager's authority? Choose an item.		
Is there a dollar amount to the limitation? Choose an item.		
What is the limitation? <input type="text"/>		
Member-Managed (default)		
Are all members listed? Choose an item.		How many members? <input type="text"/>
Name of member(s) <input type="text"/>		<input type="text"/>
<input type="text"/>		<input type="text"/>
<input type="text"/>		<input type="text"/>
Statement of Authority (only for Florida LLCs)		
Has a certified copy of a Statement of Authority been recorded in the Official Records where real property is located? Choose an item.		
Is it less than five years old? Choose an item.		
If more than five years old, it is no longer valid		
Does it give authority to the proposed signatory to execute closing documents (deed, mortgage etc.) on behalf of the LLC? Choose an item.		
Are there limits on the authority? Choose an item.		
If so, what are the limits? <input type="text"/>		
Does your office have any knowledge of limits in the Operating Agreement contrary to the Statement of Authority? Choose an item.		
Review of Operating Agreement		
If there is no conclusive evidence of who may bind the LLC, a review of the operating agreement is necessary		
Look for who has the authority to take the required action on behalf of the LLC		
Will need an affidavit signed that the presented operating agreement is a true and complete operating agreement with any and all amendments		
If more than one manager and the operating agreement does not provide otherwise, will need unanimous written consent of all managers or a meeting with an affirming vote by majority to take needed action		
Are there inconsistencies between publicly filed documents and non-publicly filed documents? Choose an item. If yes, contact underwriting.		
Lack of Written Operating Agreement		
See Affidavit 62 & TN 11 10 01 - All members execute an affidavit establishing that they are all the members & consent to sell or mortgage, and if too many members to execute, may be executed by a majority - check with underwriting		
LLC is selling – FIRPTA information		
Single member LLC, give that single member an individual non-foreign certification		
Two members who are foreign and married to each other, send buyers to tax attorney		
If neither of the above and two or more members, give the LLC signatory an entity non-foreign certification		
Bankruptcy – if yes to any of the following – contact underwriting		
Has any member been a debtor in bankruptcy? Choose an item.		
If so, who & when? <input type="text"/>		
Is the LLC a debtor in bankruptcy? Choose an item.		
Is the LLC one of a family or group of entities? Choose an item.		
If so, are any of the group of entities a debtor in bankruptcy? <input type="text"/>		
Creditors – Have any creditors acquired or are attempting to acquire a member's interest by charging order? Choose an item. If yes, contact underwriting.		

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General Information

Information Gathering for Florida LLCs		
Does name include LLC, L.L.C., Limited Liability Company, PL, P.L., PLLC, P.L.L.C. or Professional Limited Liability Company?		Choose an item.
Go to: dos.myflorida.com/sunbiz/search FEI/EIN: <input type="text"/>		Status: Choose an item.
Florida LLC? Choose an item.		If not, take additional steps for foreign LLC
Review Articles of Organization & any & all amendments on Sunbiz		
Use most recent information for answers – look for the word “manager” NOT authorized person, president, managing member or other		
Can you determine if the LLC is member-managed or manager-managed? Choose an item.		
If yes, which is it? Choose an item.	Date formed <input type="text"/>	Date acquired <input type="text"/>

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Management Information

Manager-Managed	
Name of manager(s)	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.
If there is more than one manager, may they act alone or must they act together? Choose an item.	
Does it state a limitation on the manager's authority? Choose an item.	
Is there a dollar amount to the limitation? Choose an item.	
What is the limitation? Click or tap here to enter text.	
Member-Managed (default)	
Are all members listed? Choose an item.	How many members? Click or tap here to enter text.
Name of member(s)	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.

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Statement of Authority

Statement of Authority (only for Florida LLCs)	
Has a certified copy of a Statement of Authority been recorded in the Official Records where real property is located? Choose an item.	
Is it less than five years old? Choose an item.	If more than five years old, it is no longer valid
Does it give authority to the proposed signatory to execute closing documents (deed, mortgage etc.) on behalf of the LLC? Choose an item.	
Are there limits on the authority? Choose an item.	
If so, what are the limits? Click or tap here to enter text.	
Does your office have any knowledge of limits in the Operating Agreement contrary to the Statement of Authority? Choose an item.	

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Operating Agreement

Review of Operating Agreement
If there is no conclusive evidence of who may bind the LLC, a review of the operating agreement is necessary
Look for who has the authority to take the required action on behalf of the LLC
Will need an affidavit signed that the presented operating agreement is a true and complete operating agreement with any and all amendments
If more than one manager and the operating agreement does not provide otherwise, will need unanimous written consent of all managers or a meeting with an affirming vote by majority to take needed action
Are there inconsistencies between publicly filed documents and non-publicly filed documents? Choose an item. If yes, contact underwriting.
Lack of Written Operating Agreement
See Affidavit 62 & TN 11.10.01 - All members execute an affidavit establishing; that they are all the members & consent to sell or mortgage, and if too many members to execute, may be executed by a majority - check with underwriting

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Other Information

LLC is selling – FIRPTA information
Single member LLC, give that single member an individual non-foreign certification
Two members who are foreign and married to each other, send buyer(s) to tax attorney
If neither of the above and two or more members, give the LLC signatory an entity non-foreign certification
Bankruptcy – if yes to any of the following – contact underwriting
Has any member been a debtor in bankruptcy? Choose an item.
If so, who & when? Click or tap here to enter text.
Is the LLC a debtor in bankruptcy? Choose an item.
Is the LLC one of a family or group of entities? Choose an item.
If so, are any of the group of entities a debtor in bankruptcy? Click or tap here to enter text.
Creditors – Have any creditors acquired or are attempting to acquire a member's interest by charging order? Choose an item. If yes, contact underwriting.

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Public Records

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Sunbiz.org

FLORIDA DEPARTMENT of STATE Corporations | Arts and Culture | Elections | Historical Resources | Library and Information Services

Sunbiz.org DIVISION of CORPORATIONS
an official State of Florida website

The Division of Corporations is the State of Florida's official business entity index and commercial activity website.

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Sunbiz.org

Department of State / Division of Corporations / Search Records

SEARCH RECORDS

Search Guides

Search Records

Corporations, Limited Liability Companies, Limited Partnerships, and Trademarks

Search by:

> Name

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> Registered Agent Name

> Trademark Name

> Trademark Owner Name

> FEI/EIN

> Detail by Document Number

> Zip Code

> Street Address

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Corporation Records Search Guide

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The Fund

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Sunbiz.org

DIVISION of CORPORATIONS

an official State of Florida website

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Search for Corporations, Limited Liability Companies, Limited Partnerships, and Trademarks by Name

Entity Name:

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Other Search Options

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The Fund

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Search for Corporations, Limited Liability Companies, Limited Partnerships, and Trademarks by Name

Entity Name:



Other Search Options

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[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search By Entity Name](#) /

[Next List](#)

Entity Name List

Corporate Name	Document Number	Status
MONACO INC	223510	INACT
MONACO .INC.	557915	INACT
MONACO .INC.	655548	INACT
MONACO .LLC	L05000064335	Active
MONACO & COMPANY .LLC	L06000032613	InActive
MONACO .LLC	L06000072767	INACT
MONACO INCORPORATED	M84549	Active
MONACO	T10000001083	Active
MONACO	T13838	INACT
MONACO	T94000001099	INACT
MONACO 0202 LLC	L14000062896	INACT
MONACO 11274 .LLC	L16000016612	INACT
MONACO 11279 .LLC	L16000016616	INACT
MONACO 11281 .LLC	L16000016606	INACT
MONACO11 INVESTMENTS .INC	P09000068365	INACT
MONACO 207 LLC	L18000152303	Active
MONACO22 .LLC	L22000184759	Active
MONACO23 LLC	L18000188952	InActive
MONACO 2501 LLC	L19000208181	Active
MONACO 7C LLC	L22000019162	Active



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[Events](#)
No Name History

Information Gathering for Florida LLCs		
Florida Lti MONACC	Does name include LLC, L.L.C., Limited Liability Company, PL, P.L., PLLC, P.L.L.C. or Professional Limited Liability Company?	Yes If not, do not continue
Filing In	Go to: dos.myflorida.com/sunbiz/search	FEI/EIN: 20-3238069 Status: Active
Document	Florida LLC? Yes	If not, take additional steps for foreign LLC
FEI/EIN Number 20-3238069 Date Filed 06/28/2005 State FL Status ACTIVE Last Event LC AMENDMENT Event Date Filed 12/05/2012 Event Effective Date NONE Principal Address 17749 Collins Ave 1602 Sunny Isles Beach, FL 33160 Changed: 02/11/2019 Mailing Address 17749 Collins Ave 1602 Sunny Isles Beach, FL 33160		

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Registered Agent Name & Address

Bittan, Avi
17749 Collins Ave
1602
Sunny Isles Beach, FL 33160

Name Changed: 01/23/2018

Address Changed: 02/11/2019

Authorized Person(s) Detail

Name & Address

Title MGR
BITTAN, ZIVA
17749 Collins Ave
1602
Sunny Isles Beach, FL 33160

Annual Reports

Report Year	Filed Date
2020	03/29/2020
2021	01/12/2021
2022	02/27/2022

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JUN-28-95 TUE 11:58 AM BLOOM, MINERLEY & FEIN P.S. #1 501 W 72ND ST
Division of Corporations

P. 01
Page : 1 of 1

L1500000/LK1335

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H05000157797 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 203-0383

RECEIVED
05 JUN 28 AM 11:21
DIVISION OF CORPORATION

ACCOUNT INFORMATION:
Account Name : BLOOM, MINERLEY & FEIN, PL.
Account Number : 2199802000064
Phone : (561) 362-6699
Fax Number : (561) 417-9884

FILED
TUES JUN 28 AM 11:15
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY
MONACO, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

Electronic Filing Menu Corporate Filing Public Access Help

JULY 29 2005

<https://file.sunsor.com/scripts/filcover.exe> 6/28/2005

Articles of Organization

JUN-28-05 TUE 11:08 AM BLOCH, MINERLEY & FEIN FAX NO. 5614478884

P. 02

1105000157797 3

ARTICLES OF ORGANIZATION OF LIMITED LIABILITY COMPANY

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

ARTICLE I — Name:

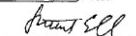
Manager-Managed	
Name of manager(s)	Ziva Bittan
Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.
If there is more than one manager, may they act alone or must they act together? Choose an item.	
Does it state a limitation on the manager's authority? Yes	
Is there a dollar amount to the limitation? Choose an item.	
What is the limitation? No member shall be an agent just by being a member sec.608.4235	

FILED
2005 JUN 28 AM 9:45
JULIANNE S. BLOCH
TALLAHASSEE, FLORIDA

ARTICLE V — Limitation on Agency Authority of Members:

Pursuant to section 608.4235 of the Florida Limited Liability Company Act, no member of the Company shall be an agent of the Company solely by virtue of being a member.

IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative of a member and acknowledged them to be my act this 28 day of JUNE, 2005.


Stuart E. Bloch, Esq.
Authorized Representative

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1105000157797 3

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Registered Agent


JUN-28-05 TUE 11:07 AM BLOCH, MINERLEY & FEIN FAX NO. 5614478884

P. 03

1105000157797 3

STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT FOR MONACO, LLC

I hereby accept the designation as registered agent to accept service of process for the above stated limited liability company at the place designated in this statement. I am familiar with and accept the obligations of my position as registered agent under Chapter 608, Florida Statutes.


Stuart E. Bloch, Esq.
Authorized Representative

Dated: JUNE 28, 2005

Registered Agent  Manager

FILED
2005 JUN 28 AM 9:45
JULIANNE S. BLOCH
TALLAHASSEE, FLORIDA

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1105000157797 3

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Annual Report 2006

FILED
Jan 17, 2006 8:00 am
Secretary of State
(01-17-2006 30064 035 *****50.00)

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000064335
MONACO, LLC

Principal Place of Business
21050 PONTI PLACE
AVENTURA, FL 33180

Mailing Address
21050 PONTI PLACE
AVENTURA, FL 33180

J. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

K. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

4. FEI Number
20-3378049

5. Certificate of Status Desired
☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
BLOCH, STUART E ESQ
380 NORTH FEDERAL HIGHWAY, SUITE 412
BOCA RATON, FL 33432

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

NAME	DATE	CHANGE	ADDITION
NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

10. ADDITIONS/CHANGES

NAME	DATE	CHANGE	ADDITION
NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
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NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
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NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information furnished on this report is true and accurate and that the filer is the owner, officer, or manager of the entity, or a person authorized to act on behalf of the entity.

SIGNATURE: *Stuart E Bloch* DATE: 1/11/06

12. I, the undersigned, certify that I am the owner, officer, or manager of the entity, or a person authorized to act on behalf of the entity.

SIGNATURE: *Stuart E Bloch* DATE: 1/11/06

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Annual Report 2007

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 18, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000064335

1. Entity Name
MONACO, LLC

Principal Place of Business
21050 POINT PLACE
AVENTURA, FL 33180

Mailing Address
21050 POINT PLACE
AVENTURA, FL 33180

4. FRS Number
20-3238069

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee (Required)

6. Name and Address of Current Registered Agent
BLOCH, STUART E ESQ
880 NORTH FEDERAL HIGHWAY, SUITE 412
BOCA RATON, FL 33432

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of, registered agent.

SIGNATURE
(Sign as agent or person in charge of registered agent and its location) (Only Registered Agent signature required when sending) (Date)

Filing Fee to \$50.00
Due by May 1, 2007

9. MANAGING MEMBER/MANAGERS

NAME	STREET ADDRESS	CITY	STATE	ZIP
1. NAME	1. STREET ADDRESS	1. CITY	1. STATE	1. ZIP
2. NAME	2. STREET ADDRESS	2. CITY	2. STATE	2. ZIP
3. NAME	3. STREET ADDRESS	3. CITY	3. STATE	3. ZIP
4. NAME	4. STREET ADDRESS	4. CITY	4. STATE	4. ZIP
5. NAME	5. STREET ADDRESS	5. CITY	5. STATE	5. ZIP
6. NAME	6. STREET ADDRESS	6. CITY	6. STATE	6. ZIP
7. NAME	7. STREET ADDRESS	7. CITY	7. STATE	7. ZIP
8. NAME	8. STREET ADDRESS	8. CITY	8. STATE	8. ZIP
9. NAME	9. STREET ADDRESS	9. CITY	9. STATE	9. ZIP
10. NAME	10. STREET ADDRESS	10. CITY	10. STATE	10. ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, Florida Statutes. I further certify that the information included on this report is true and accurate and that the signature above has the same legal effect as a handwritten signature or message of the limited liability company or the member or business employee who executed this report as required by Chapter 88A, Florida Statutes.

SIGNATURE: *[Signature]* **1.15.2007** **Box 310 1477**

SIGNATURE OF PERSON OR PERSONS IN CHARGE OF REGISTERED AGENT, OR AUTHORIZED REPRESENTATIVE

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Cover Letter

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MONACO, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

AVI BITTAN
Name of Person

ROYAL SENIOR CARE
Firm/Company

1660 NE MIAMI GARDENS DR. STE 8
Address

NORTH MIAMI BEACH FL 33179
City/State and Zip Code

ABITTAN@ROYALSENIORS.COM
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

AVI BITTAN at (305) 310-4477
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) ☒ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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Amendment, Page 1

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MONACO, LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida limited liability company)

The Articles of Organization for this Limited Liability Company were filed on 06/28/2005 and assigned
Florida document number L05000064335

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

Florida

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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 as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 2

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Amendment, Page 2

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

Title	Name	Address	Type of Action
MGR	AVI BITTAN	21050 POINT PLACE, 2705 AVENTURA, FL 33180	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	ZIVA BITTAN	21050 POINT PLACE, 2705 AVENTURA, FL 33180	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

Manager-Managed	
Name of manager(s)	Ziva Bittan
Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.
If there is more than one manager, may they act alone or must they act together? Choose an item.	
Does it state a limitation on the manager's authority? Yes	
Is there a dollar amount to the limitation? Choose an item.	
What is the limitation? No member shall be an agent just by being a member sec.608.4235	

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12 DEC - 6 PM 1:17
HALL COUNTY, FLORIDA

☐ Add

☐ Remove

☐ Add

☐ Remove

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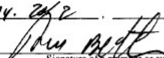


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Amendment, Page 3

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated 12.04.2012

Signature of a member or authorized representative of a member
AVI BITTAN
Typed or printed name of signer

Page 3 of 3

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12 DEC -5 PM 1:17
TALLAHASSEE, FLORIDA

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Annual Report 2018

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000064335

Entity Name: MONACO, LLC

Current Principal Place of Business:

21050 POINT PLACE
2705
AVENTURA, FL 33180

Current Mailing Address:

21050 POINT PLACE
AVENTURA, FL 33180

FBI Number: 20-3238069

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BITTAN, AVI
960 NORTH FEDERAL HIGHWAY, SUITE412
BOCA RATON, FL 33432 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: AVI BITTAN

01/23/2018

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name BITTAN, ZIVA
Address 21050 POINT PLACE, 2705
City-State-Zip: AVENTURA FL 33180

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes, and that my name appears above or on an attachment with all other the empowered.

SIGNATURE: BITTAN, ZIVA

MANAGER

01/23/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date

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Annual Report 2020

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000064335

Entity Name: MONACO, LLC

Current Principal Place of Business:
17749 COLLINS AVE
1602
SUNNY ISLES BEACH, FL 33160

Current Mailing Address:
17749 COLLINS AVE
1602
SUNNY ISLES BEACH, FL 33160 US

FEI Number: 20-3238069

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BITTAN, AVI
17749 COLLINS AVE
1602
SUNNY ISLES BEACH, FL 33160 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: AVI BITTAN 03/29/2020
Electronic Signature of Registered Agent Date

Authorized Person(s) Detail :

Title MGR
Name BITTAN, ZIVA
Address 17749 COLLINS AVE
1602
City-State-Zip: SUNNY ISLES BEACH FL 33160

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statute, and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ZIVA BITTAN MGT 03/29/2020
Electronic Signature of Signing Authorized Person(s) Detail Date

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Annual Report 2021

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000064335

Entity Name: MONACO, LLC

Current Principal Place of Business:
17749 COLLINS AVE
1602
SUNNY ISLES BEACH, FL 33160

Current Mailing Address:
17749 COLLINS AVE
1602
SUNNY ISLES BEACH, FL 33160 US

FEI Number: 20-3238069

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BITTAN, AVI
17749 COLLINS AVE
1602
SUNNY ISLES BEACH, FL 33160 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: AVI BITTAN 01/12/2021
Electronic Signature of Registered Agent Date

Authorized Person(s) Detail :

Title MGR
Name BITTAN, ZIVA
Address 17749 COLLINS AVE
1602
City-State-Zip: SUNNY ISLES BEACH FL 33160

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath. That I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes, and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ZIVA BITTAN MGR 01/12/2021
Electronic Signature of Signing Authorized Person(s) Detail Date

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Document Images



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[06/28/2005 -- Florida Limited Liabilities](#)

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Annual Report 2022

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000064335
Entity Name: MONACO, LLC

Current Principal Place of Business:
17749 COLLINS AVE
1602
SUNNY ISLES BEACH, FL 33160

Current Mailing Address:
17749 COLLINS AVE
1602
SUNNY ISLES BEACH, FL 33160 US

FEI Number: 20-3238069

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

Manager-Managed	
Name of manager(s)	Ziva Bittan
Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.
If there is more than one manager, may they act alone or must they act together? Choose an item.	
Does it state a limitation on the manager's authority? Yes	
Is there a dollar amount to the limitation? Choose an item.	
What is the limitation? No member shall be an agent just by being a member sec.608.4235	

City-State-Zip: SUNNY ISLES BEACH FL 33160

In the State of Florida:
02/27/2022
Date

I hereby certify that the information indicated on this report or supplement report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes, and that no name appears above, so or as authorized with or after the employment.

SIGNATURE: AVI AND ZIVA BITTANE MGR 02/27/2022
Electronic Signature of Signing Authorized Person(s) Detail Date

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The Fund

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Review of Monaco, LLC

- Do we know who can sign for Monaco, LLC?
- We know who cannot sign – members are not allowed to be agents



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The Fund

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2nd Example

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The screenshot shows the Sunbiz.org website header with the logo and text "DIVISION of CORPORATIONS an official State of Florida website". Below the header is a breadcrumb trail: "Department of State / Division of Corporations / Search Records /". The main search area is titled "Search for Corporations, Limited Liability Companies, Limited Partnerships, and Trademarks by Name". It contains a text input field labeled "Entity Name:" with the text "sunlife home solutions llc" entered. To the right of the input field is a "Search Now" button. A red arrow points from the "Search Now" button to the text "Other Search Options" below it.

Sunbiz.org DIVISION of CORPORATIONS
an official State of Florida website

[Department of State](#) / [Division of Corporations](#) / [Search Records](#) /

Search for Corporations, Limited Liability Companies, Limited Partnerships, and Trademarks by Name

Entity Name:

Other Search Options

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[Events](#)
[Name History](#)

Detail by Entity Name

Florida Limited Liability Company

Registered Agent Name & Address

Information Gathering for Florida LLCs

Does name include LLC, L.L.C., Limited Liability Company, PL, P.L., PLLC, P.L.L.C. or Professional Limited Liability Company?	Yes	If not, do not continue
Go to: dos.myflorida.com/sunbiz/search	FEI/EIN: 82-1012478	Status: Active
Florida LLC? Yes	If not, take additional steps for foreign LLC	

Review Articles of Organization & any & all amendments on Sunbiz

Use most recent information for answers – look for the word “manager” NOT authorized person, president, managing member or other

Can you determine if the LLC is member-managed or manager-managed? Yes

If yes, which is it? Member-managed	Date formed 11/17/2015	Date acquired pty <small>Click or tap to enter a date.</small>
-------------------------------------	------------------------	--

Event Date Filed

11/04/2019

Event Effective Date

NONE

Principal Address

7821 NW 159 TER
MIAMI LAKES, FL 33016

Changed: 04/11/2017

Mailing Address

7821 NW 159 TER
MIAMI LAKES, FL 33016

Changed: 04/11/2017

Title MGRM

CACHINERO, ANGEL
7821 NW 159 TER
MIAMI LAKES, FL 33016

Title MGRM

Cachinero, Beatriz A
7821 NW 159 Ter
Miami Lakes, FL 33016

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Annual Reports

Report Year	Filed Date
2020	06/08/2020
2021	02/21/2021
2022	01/22/2022

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11/04/2019 -- CORLCAUTH	View image in PDF format
03/30/2019 -- ANNUAL REPORT	View image in PDF format
10/24/2018 -- AMENDED ANNUAL REPORT	View image in PDF format
04/10/2018 -- ANNUAL REPORT	View image in PDF format
05/01/2017 -- LC Name Change	View image in PDF format
04/11/2017 -- ANNUAL REPORT	View image in PDF format
04/29/2016 -- ANNUAL REPORT	View image in PDF format
11/17/2015 -- Florida Limited Liability	View image in PDF format

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Articles of Organization

Electronic Articles of Organization For Florida Limited Liability Company

L15000194480
FILED 8:00 AM
November 17, 2015
Sec. Of State
cgolden

Article I

The name of the Limited Liability Company is:

18D TEAM, LLC

Article II

The street address of the principal office of the Limited Liability Company is:

Member-Managed (default)

Are all members listed? Choose an item.	How many members? Click or tap here to enter text.
Name of member(s)	Angel Cachinero
Jose L. Perez	Zonia Espinal
Click or tap here to enter text.	Click or tap here to enter text.

The name and Florida street address of the registered agent is:

JOSE L PEREZ
17707 NW MIAMI CT
#101
MIAMI, FL. 33169

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 certificate, 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 relating 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 Signature: JOSE L PEREZ

Article IV

The name and address of person(s) authorized to manage LLC:

Title: MGRM
JOSE L PEREZ
17707 NW MIAMI CT #101
MIAMI, FL. 33169

Title: MGRM
ANGEL CACHINERO
17707 NW MIAMI CT #101
MIAMI, FL. 33169

Title: MGRM
ZONIA ESPINAL

L15000194480
FILED 8:00 AM
November 17, 2015
Sec. Of State
cgolden

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and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

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2016 Annual Report

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000194480

Entity Name: 18D TEAM, LLC

Current Principal Place of Business:

17707 NW MIAMI CT
#101
MIAMI, FL 33169

Current Mailing Address:

17707 NW MIAMI CT
#101
MIAMI, FL 33169

FEI Number: 47-5605049

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PEREZ, JOSE L
17707 NW MIAMI CT
#101
MIAMI, FL 33169 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGRM	Title	MGRM
Name	PEREZ, JOSE L	Name	CACHINERO, ANGEL
Address	17707 NW MIAMI CT #101	Address	17707 NW MIAMI CT #101
City-State-Zip:	MIAMI FL 33169	City-State-Zip:	MIAMI FL 33169
Title	MGRM		
Name	ESPINAL, ZONIA		
Address	17707 NW MIAMI CT #101		
City-State-Zip:	MIAMI FL 33169		

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The Fund

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2017 Annual Report

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000194480

Entity Name: 18D TEAM, LLC

Current Principal Place of Business:

7821 NW 159 TER
MIAMI LAKES, FL 33016

Current Mailing Address:

7821 NW 159 TER
MIAMI LAKES, FL 33016 US

FEI Number: 82-1012478

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CACHINERO, ANGEL
7821 NW 159 TER
MIAMI LAKES, FL 33016 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ANGEL CACHINERO

Electronic Signature of Registered Agent

04/11/2017

Date

Authorized Person(s) Detail :

Title	MGRM
Name	CACHINERO, ANGEL
Address	7821 NW 159 TER
City-State-Zip:	MIAMI LAKES FL 33016

FILED
Apr 11, 2017
Secretary of State
CC1741026114

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

18D TEAM LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2017 MAY -1 PM 12:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 11/17/2015 and assigned
Florida document number L15000194480

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

SUNLIFE HOME SOLUTIONS LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated APRIL 11

2017

Signature of a member or authorized representative of a member

ANGEL CACHINERO

Typed or printed name of signer

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2019 Annual Report

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000194480

Entity Name: SUNLIFE HOME SOLUTIONS LLC

Current Principal Place of Business:

7821 NW 159 TER
MIAMI LAKES, FL 33016

FILED
Mar 30, 2019
Secretary of State
6865517275CC

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Current Mailing Address:

Member-Managed (default)	
Are all members listed? Choose an item.	How many members? Click or tap here to enter text.
Name of member(s)	Angel Cachinero
Beatriz A. Cachinero	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ANGEL CACHINERO

03/30/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	Name	Address	City-State-Zip
MGRM	CACHINERO, ANGEL	7821 NW 159 TER	MIAMI LAKES FL 33016
MGRM	CACHINERO, BEATRIZ A	7821 NW 159 TER	MIAMI LAKES FL 33016

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Statement of Authority

STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of authority:

FIRST: The name of the limited liability company is: Sunlife Home Solutions LLC

FOURTH: This statement of authority grants or sets limitations of authority on all persons having the status or position of a person in a company, whether as a member, transferee, manager, officer or otherwise or to a specific person on the following:

1. May execute an instrument transferring real property held in the name of the company.

Statement of Authority (only for Florida LLCs)

Has a certified copy of a Statement of Authority been recorded in the Official Records where real property is located?	
Yes	
Is it less than five years old? Yes	If more than five years old, it is no longer valid
Does it give authority to the proposed signatory to execute closing documents (deed, mortgage etc.) on behalf of the LLC? Yes	
Are there limits on the authority? No	
If so, what are the limits? Click or tap here to enter text.	
Does your office have any knowledge of limits in the Operating Agreement contrary to the Statement of Authority? No	

a. Granted to: Angel Cachinero or
Beatriz A. Cachinero

b. No authority granted to: _____

Signature of authorized representative

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

CR2E138 (2/14)

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2020 Annual Report

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000194480

Entity Name: SUNLIFE HOME SOLUTIONS LLC

Current Principal Place of Business:

7821 NW 159 TER
MIAMI LAKES, FL 33016

Current Mailing Address:

7821 NW 159 TER
MIAMI LAKES, FL 33016 US

FEI Number: 82-1012478

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CACHINERO, ANGEL
7821 NW 159 TER
MIAMI LAKES, FL 33016 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ANGEL CACHINERO

06/08/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGRM	Title	MGRM
Name	CACHINERO, ANGEL	Name	CACHINERO, BEATRIZ A
Address	7821 NW 159 TER	Address	7821 NW 159 TER
City-State-Zip:	MIAMI LAKES FL 33016	City-State-Zip:	MIAMI LAKES FL 33016

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2021 Annual Report

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000194480

Entity Name: SUNLIFE HOME SOLUTIONS LLC

Current Principal Place of Business:

7821 NW 159 TER
MIAMI LAKES, FL 33016

Current Mailing Address:

7821 NW 159 TER
MIAMI LAKES, FL 33016 US

FEI Number: 82-1012478

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CACHINERO, ANGEL
7821 NW 159 TER
MIAMI LAKES, FL 33016 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ANGEL CACHINERO

02/21/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGRM	Title	MGRM
Name	CACHINERO, ANGEL	Name	CACHINERO, BEATRIZ A
Address	7821 NW 159 TER	Address	7821 NW 159 TER
City-State-Zip:	MIAMI LAKES FL 33016	City-State-Zip:	MIAMI LAKES FL 33016

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2022 Annual Report

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000194480

Entity Name: SUNLIFE HOME SOLUTIONS LLC

Current Principal Place of Business:

7821 NW 159 TER
MIAMI LAKES, FL 33016

Current Mailing Address:

7821 NW 159 TER
MIAMI LAKES, FL 33016 US

FEI Number: 82-1012478

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CACHINERO, ANGEL
7821 NW 159 TER
MIAMI LAKES, FL 33016 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ANGEL CACHINERO

01/22/2022

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGRM	Title	MGRM
Name	CACHINERO, ANGEL	Name	CACHINERO, BEATRIZ A
Address	7821 NW 159 TER	Address	7821 NW 159 TER
City-State-Zip:	MIAMI LAKES FL 33016	City-State-Zip:	MIAMI LAKES FL 33016

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The Fund

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Statement of Authority

- Recorded in Sunbiz.org
- A certified copy of statement of authority recorded in the official records where the real property is located
- Either grants or limits authority of a person to transfer real property held in name of the LLC



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The Fund

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Statement of Authority – Reliance

- One is allowed to rely on the statement of authority unless
 - That person has knowledge contrary to the statement of authority, or
 - Statement of authority has been
 - Canceled or
 - Restrictively amended, or
 - A limitation on such authority is contained in another (second) statement of authority that became effective after the (original) statement of authority containing the grant became effective &
 - A certified copy of such cancellation or
 - Amendment (or later (second) statement) has been recorded in the official records

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Instr# 116144628 , Page 1 of 2, Recorded 10/30/2019 at 11:31 AM Broward County Commission	Instr# 116144628 , Page 2 of 2, End of Document
<p>DOCUMENT COVER PAGE</p> <p>For those documents not providing the <u>required</u> 3 x 3 inch space on the first page, this cover page must be attached.</p> <p>An additional recording fee for this page must be remitted.</p> <p>(Space above this line reserved for recording office use)</p> <p>Document Title: <u>Statement of Authority</u> (Mortgage, Deed, Etc.)</p> <p>Return Document To / Prepared By: <u>Martha L. Mendez, Esq.</u> <u>14 NE 1st Avenue, Suite 1109</u> <u>Miami, Florida 33132</u></p>	<p>STATEMENT OF AUTHORITY</p> <p>Pursuant to section 605.0302(1), Florida Statute, this limited liability company submits the following statement of authority:</p> <p>FIRST: The name of the limited liability company is: <u>Sunlife Home Solutions LLC</u></p> <p>SECOND: The Florida Document Number of the limited liability company is: <u>82-1012478</u></p> <p>THIRD: The street address of the limited liability company's principal office is: <u>7821 NW 159 Terr</u> <u>Miami Lakes, FL 33016</u></p> <p>The mailing address of the limited liability company's principal office is: <u>7821 NW 159 Terr</u> <u>Miami Lakes, FL 33016</u></p> <p>FOURTH: This statement of authority grants or sets limitations of authority on all persons having the status or position of a person in a company, whether as a member, transferee, manager, officer or otherwise or to a specific person on the following:</p> <p>1. May execute an instrument transferring real property held in the name of the company.</p> <p>a. Granted to: <u>Angel Cachinero or</u> <u>Beatriz A. Cachinero</u></p> <p>b. No authority granted to: _____</p> <p>2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.</p> <p>a. Granted to: <u>Angel Cachinero or</u> <u>Beatriz A. Cachinero</u></p> <p>b. No authority granted to: _____</p> <p><u>[Signature]</u> Signature of authorized representative</p> <p><u>Angel Cachinero</u> Typed or printed name of signature</p> <p>Filing Fee: <u>\$25.00</u> Certified Copy: <u>\$35.00 (optional)</u></p> <p>CR2E138 (2/14)</p>

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Instr# 116423509 , Page 1 of 3, Recorded 03/19/2020 at 04:48 PM
Broward County Commission
Deed Doc Stamp: \$2852.50

This Document Prepared By and Return to:
Transfer Title Services, Inc.
Grace Quinones
9909 N.W. 15th Road #107
Cooper City, FL 33024

Parcel ID Number: 514008-08-1990

Warranty Deed
This Indenture, Made this 18th day of March, 2020 A.D., Between
SUNLIFE HOME SOLUTIONS LLC., a Florida Limited Liability Company

of the County of Miami-Dade, State of Florida, grantor, and
JEFFREY FARBER and JEANNE ELEANOR FARBER, husband and wife

whose address is: 16530 NW 9 Street, Pembroke Pines, FL 33028

of the County of Broward, State of Florida, grantees.
Witnesseth that the GRANTOR, for and in consideration of the sum of
TEN DOLLARS (\$10)
and other good and valuable consideration to GRANTOR in hand paid by GRANTEE, the receipt whereof is hereby acknowledged, has granted, bargained and sold to the said GRANTEE and GRANTEE'S heirs, successors and assigns forever, the following described land, situate, lying and being in the County of Broward
State of Florida to wit:
A portion of Parcel A, WESTFORK 1 PLAT, according to the plat thereof as recorded in Plat Book 150, Page 43 of the Public Records of Broward County, Florida, being more particularly described as follows:
Commencing at the Southwest corner of said Parcel A, thence North 01°46'52" West, along the West line of said Parcel A, 2,240.00 feet; thence North 88°13'22" East, 484.43 feet; thence North 01°46'35" West, 112.50 feet to the Point of Beginning; thence continue North 01°46'35" West, 90.00 feet; thence North 88°13'22" East, 55.00 feet; thence South 01°46'35" East, 90.00 feet; thence South 88°13'22" West, 55.00 feet to the Point of Beginning. Said lands lying in the City of Pembroke Pines, Broward County, Florida.
AKA: Lot 199, THE ISLAND AT SPRING VALLEY

Subject to restrictions, reservations and easements of record, if any, and taxes subsequent to 2019.

and the grantor does hereby fully warrant the title to said land, and will defend the same against lawful claims of all persons whatsoever.

Last Generated by: eDocSign Systems, Inc. (2010-2015) No. 1151 and Florida FL-0423

Instr# 116423509 , Page 2 of 3

Warranty Deed - Page 2
Parcel ID Number: 514008-08-1990

In Witness Whereof, the grantor has hereunto set his hand and seal the day and year first above written.
Signed, sealed and delivered in our presence:

SUNLIFE HOME SOLUTIONS LLC., a Florida Limited Liability Company
By: Beatriz A. Cachinero (Seal)
Beatriz A. Cachinero, Manager
P.O. Address: 7821 NW 15th Terrace, Miami Lakes, FL 33016

Printed Name: Grace Quinones
Witness
Printed Name: Grace Quinones
State of Florida
County of Broward

The foregoing instrument was acknowledged before me by means of ☒ physical presence or ☐ online notarization, this 18th day of March, 2020, by Beatriz A. Cachinero, Manager of SUNLIFE HOME SOLUTIONS LLC., a Florida Limited Liability Company on behalf of the limited liability company

who is personally known to me or who has produced his Florida's driver license as identification

STEFAN L. ROBERTSON
NOTARY PUBLIC
MY COMMISSION # PP 99146
EXPIRES: June 17, 2022
I Declared This Notary Public Under Oath

Printed Name: Stefan L. Robertson
Notary Public
My Commission Expires:

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Review of Sunlife Home Solutions, LLC

- Member managed
- Name change in 2017
- Statement of Authority in 2019
 - Recorded in Sunbiz in 2019
 - Recorded in Official Records in Broward County in 2019
 - Used to transfer real property in Broward county in 2020
- Was able to rely upon Statement of Authority
- Did not need to review private records

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Private Records

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Operating Agreement

- May appear in Sunbiz, or not
- May need to request a copy for review
 - Public records
 - Do not have sufficient information
 - Conflicting information
- Operating Agreement may be
 - Written
 - Oral
 - Implied
- If representing seller LLC you need to know what the operating agreement says for your own protection

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The Fund

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Operating Agreement

Review of Operating Agreement
If there is no conclusive evidence of who may bind the LLC, a review of the operating agreement is necessary
Look for who has the authority to take the required action on behalf of the LLC
Will need an affidavit signed that the presented operating agreement is a true and complete operating agreement with any and all amendments
If more than one manager and the operating agreement does not provide otherwise, will need unanimous written consent of all managers or a meeting with an affirming vote by majority to take needed action
Are there inconsistencies between publicly filed documents and non-publicly filed documents? Choose an item. If yes, contact underwriting.
Lack of Operating Agreement or not provided
All members execute an affidavit establishing; that they are all the members & consent to sell or mortgage, and if too many members to execute, may be executed by a majority – check with underwriting

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Other Considerations

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FIRPTA – LLC is Selling

LLC is selling – FIRPTA information

Give the signatory for the LLC an IRS Form W-9 to fill in and sign. Questions can be answered by their tax attorney. When W-9 returned review it. Look to see if paragraph 3 of section 2 has been marked off. If not, this will work as a valid nonforeign affidavit and no FIRPTA withholding is required. If paragraph 3 is marked off, withhold for FIRPTA

- If the signatory for the LLC will not sign the IRS Form W-9, or if paragraph 3 is crossed off, withhold 15% of the proceeds to send to the IRS with the forms 8288 & 8288-A
- An LLC which is buying cannot sign the \$300,000 exemption or the 10% reduced rate for FIRPTA

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Form W-9
(Rev. March 2024)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification
Go to www.irs.gov/FormW9 for instructions and the latest information.

Give form to the requester. Do not send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see Purpose of Form, below.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)

2 Business name/disregarded entity name, if different from above.

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes.

☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate

☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership)

Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.

☐ Other (see instructions)

3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3).

Exempt payee code (if any)

Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any)

5 Address (number, street, and apt. or suite no.). See instructions.

6 City, state, and ZIP code

7 List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN, later.

Note: If the account is in more than one name, see the instructions for line 1. See also What Name and Number To Give the Requester for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and

2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and

3. I am a U.S. citizen or other U.S. person (defined below); and

4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here Signature of U.S. person Date

Request Taxpayer Identification Number & Certification Form W-9

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- Request early

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1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)	
2 Business name/disregarded entity name, if different from above.	
3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate </div> <div style="margin-top: 5px;"> <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) </div> <div style="font-size: small; margin-top: 5px;"> Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. </div> <div style="margin-top: 5px;"> <input type="checkbox"/> Other (see instructions) </div>	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ <i>(Applies to accounts maintained outside the United States.)</i>
3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/>	
5 Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)
6 City, state, and ZIP code	
7 List account number(s) here (optional)	

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Part I Taxpayer Identification Number (TIN)	
Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> , later.	
Note: If the account is in more than one name, see the instructions for line 1. See also <i>What Name and Number To Give the Requester</i> for guidelines on whose number to enter.	
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> Social security number <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between; width: 100%;"> - - </div> <div style="border: 1px solid black; width: 100%; height: 20px;"></div> </div> <div style="width: 35%;"> Employer identification number <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px;"></div> </div> </div>	
Part II Certification	
Under penalties of perjury, I certify that:	
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and	
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and	
3. I am a U.S. citizen or other U.S. person (defined below); and	
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.	
Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.	
Sign Here	<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> Signature of U.S. person </div> <div style="width: 35%;"> Date </div> </div>

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Bankruptcy

- Can be an issue
- Ask the questions

Bankruptcy – if yes to any of the following – contact underwriting	
Has any member been a debtor in bankruptcy? Choose an item.	
If so, who & when? Click or tap here to enter text.	
Is the LLC a debtor in bankruptcy? Choose an item.	Is the LLC one of a family or group of entities? Choose an item.
If so, are any of the group of entities a debtor in bankruptcy? Click or tap here to enter text.	



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Creditors

- Charging order is sole & exclusive remedy to satisfy judgment against a member in multi-member LLC
 - Sec. 605.0503 (3), F.S.
- Charging order constitutes a lien on the judgment debtor's transferable interest of the LLC – not a lien on real property
 - Sec. 605.0503 (1), F.S.
- Only with a judgment against a single member LLC can:
 - Court of competent jurisdiction determines that
 - Charging order will not satisfy judgment in a reasonable time
 - Charging order constitutes a lien on the judgment debtor's transferable interest of the LLC – not a lien on real property
 - Sec. 605.0503 (4), F.S.

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Creditors

Creditors – Have any creditors acquired or are attempting to acquire a member's interest by charging order? Choose an item. If yes, contact underwriting.



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The Fund

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Applying Information

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Review



- Review all information gathered
- Review information in your office
- Apply to TN 11.10.01
- Contact underwriting with questions



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Thank you
for your time and attention

For more information please contact:

Linda Monaco, B.C.S.

LMonaco@TheFund.com



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STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of authority:

FIRST: The name of the limited liability company is: Florida Real Estate Investors Fund, L.L.C.

SECOND: The Florida Document Number of the limited liability company is: L13000057518

THIRD: The street address of the limited liability company's principal office is:

10100 West Sample Road, Suite 325

Coral Springs, FL 33065

The mailing address of the limited liability company's principal office is:

10100 West Sample Road, Suite 325

Coral Springs, FL 33065

FOURTH: This statement of authority grants or sets limitations of authority on all persons having the status or position of a person in a company, whether as a member, transferee, manager, officer or otherwise or to a specific person on the following:

1. May execute an instrument transferring real property held in the name of the company.

a. Granted to: AFTAB A. CUMBER, ALLAUDDIN PANJWANI
GUL A. CUMBER

b. No authority granted to: _____

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company

a. Granted to: AFTAB A. CUMBER, ALLAUDDIN PANJWANI
GUL A. CUMBER

b. No authority granted to: _____



Signature of authorized representative

AFTAB A. CUMBER

Typed or printed name of signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

FILED
2015 JAN -6 AM 11:53
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Affidavit
[Limited Liability Company]
(TN 11.10.01, 11.10.02, SCC ENT01 and LLC01)

BEFORE ME, the undersigned authority, duly authorized to take acknowledgments and administer oaths, personally appeared _____ (“Affiant”), who depose(s) and say(s) under penalties of perjury that:

[when used, “Affiant”, includes singular or plural as context so requires or admits.]

1. This affidavit is made with regard to the following described property:

[insert legal description of real property]

2. Affiant makes this affidavit on individual knowledge and on behalf of

_____, a limited liability company organized under the laws of _____ (“LLC”) that is a party to a transaction involving the Property and is the *[check all that apply]*: _____ Seller _____ Buyer _____ Borrower.

For Florida Limited Liability Companies:

3. Affiant(s) _____ *[state names of persons executing the instruments to be insured]* has the authorization to execute the deed, mortgage, closing documents, and all instruments to be insured, as applicable, (“Closing Documents”), to bind the LLC under one of the following alternatives:

Initial all that apply

- A. ____ A statement of authority has been filed with the Florida Department of State and a certified copy thereof has been recorded on _____ in Official Records _____, Page _____, Public Records of _____ County, Florida, granting authority to Affiant to execute the Closing Documents. Affiant has the authority to execute the Closing Documents on behalf of the LLC, and Affiant knows of no facts that may provide notice to any party to this transaction of any actual lack of authority of Affiant. The transaction qualifies as a bona fide transaction.
- B. ____ Affiant is identified by name in the current documents filed with the Florida Department of State as a _____ *[state whether manager or member]* of a _____ *[state whether member or manager]* managed LLC. *[Affiant must be member of member managed or manager of manager managed LLC]*. Affiant has the authority to execute the Closing Documents on behalf of the LLC and Affiant knows of no facts that may provide notice to any party to this transaction of any actual lack of authority of Affiant. The transaction qualifies as a bona fide transaction.
- C. ____ Affiant has produced certified copies of articles of organization and amendments thereto, if any, and a true and correct copy of regulations or operating agreement, which verify that Affiant may sign for the LLC. Affiant and LLC have complied with all procedures to authorize such signatory.
- D. ____ No operating agreement has been provided for review. Affiant _____ *[state names and official capacities of each member or manager]* is/are _____ *[state whether all or a majority of the members in interest per Sec. 605.0102(37), F.S.]*. Affiant consents to the _____ *[state whether conveyance, purchase or mortgaging]* of the Property and authorizes _____, as _____ *[state whether member, manager, or authorized signatory]* to execute the Closing Documents necessary for the transaction with regards to the Property. The names of all of the current members-in-interest of the limited liability company are: *[list all members and their respective members-in-interest]*.

4. No certified statement of authority limiting, canceling or restrictively amending the authority of Affiant as a member or a manager or of the LLC's authorized signatory has been filed with the Florida Department of State or recorded in the official records of the county where the property lies.
 5. The person authorized to execute this affidavit and the person or entity, as applicable, authorized to execute the Closing Documents for the LLC has not become dissociated pursuant to Sec. 605.0302(11), F.S., nor has that person or entity, as applicable, wrongfully caused dissolution of the company.
-

For Foreign Limited Liability Companies, Including Non-United States Entities:

6. Affiant is authorized to execute the Closing Documents on behalf of the LLC by the laws of the domicile of the LLC, _____ [state or country of registration]. A legal opinion from an attorney licensed to practice law in the place of domicile of the LLC has been obtained or [insert here the basis of authority for the Affiant to execute the Closing Documents under the laws of the foreign jurisdiction]:
-

For Both Florida and Foreign Limited Liability Companies:

7. The person executing this affidavit is authorized to execute the Closing Documents for the LLC and is not and has not been a debtor in bankruptcy since becoming a member or manager of the LLC. If other than the Affiant, then, in addition, the person or entity, as applicable, executing the Closing Documents for the LLC is not and has not been a debtor in bankruptcy since becoming a member, manager or authorized signatory of the LLC.
8. *Initial as applicable:*
____ LLC is not a debtor in bankruptcy.
____ The Majority-in-interest of members of the LLC are not debtors in bankruptcy.
____ LLC is not one of a family or group of entities.
____ LLC is one of a family or group of entities, but none of the other entities in this family or group of entities is a debtor in bankruptcy. [The following are to be considered in determining whether or not the company is one of a family or group of entities: having principals in common with other entities; being functionally or operationally related to another entity; whether funds flow upstream or downstream to other entities; whether funds or other assets are commingled with those of other entities.]
9. *Initial as applicable:*
____ LLC has more than one member.
____ LLC is a single member limited liability company, but there are no creditors who have acquired or are attempting to acquire control of LLC by executing on or attaching or seizing the member's interest in LLC.

10. This affidavit is made to induce **Old Republic National Title Insurance Company**, (“Title Insurer”) to insure title to the real property described in item 1 above. Affiant, individually and on behalf of the limited liability company described in item 2 above agrees to indemnify **Title Insurer** and hold it harmless from any loss or damage resulting from its reliance on the matters set forth in this affidavit.

(Affiant)

Print Name: _____

STATE OF _____

COUNTY OF _____

The foregoing instrument was sworn to and subscribed before me by means of ☐ physical presence or ☐ online notarization this ____ day of _____, 20____, by _____ who ☐ is personally known or ☐ has produced _____ as identification.

Notary Public

[Notary Seal]

Printed Name: _____

My Commission Expires: _____

Information Gathering for Florida LLCs		
Does name include LLC, L.L.C., Limited Liability Company, PL, P.L., PLLC, P.L.L.C. or Professional Limited Liability Company?	Choose an item.	If not, do not continue
Go to: dos.myflorida.com/sunbiz/search	FEI/EIN: Click or tap here to enter text.	Status: Choose an item.
Florida LLC? Choose an item.	If not, take additional steps for foreign LLC	
Review Articles of Organization & any & all amendments on Sunbiz		
Use most recent information for answers – look for the word “manager” NOT authorized person, president, managing member or other		
Can you determine if the LLC is member-managed or manager-managed? Choose an item.		
If yes, which is it? Choose an item.	Date formed Click or tap to enter a date.	Date acquired pty Click or tap to enter a date.
Manager-Managed		
Name of manager(s)	Click or tap here to enter text.	
Click or tap here to enter text.	Click or tap here to enter text.	
Click or tap here to enter text.	Click or tap here to enter text.	
If there is more than one manager, may they act alone or must they act together? Choose an item.		
Does it state a limitation on the manager’s authority? Choose an item.		
Is there a dollar amount to the limitation? Choose an item.		
What is the limitation? Click or tap here to enter text.		
Member-Managed (default)		
Are all members listed? Choose an item.	How many members? Click or tap here to enter text.	
Name of member(s)	Click or tap here to enter text.	
Click or tap here to enter text.	Click or tap here to enter text.	
Click or tap here to enter text.	Click or tap here to enter text.	
Statement of Authority (only for Florida LLCs)		
Has a certified copy of a Statement of Authority been recorded in the Official Records where real property is located? Choose an item.		
Is it less than five years old? Choose an item.	If more than five years old, it is no longer valid	
Does it give authority to the proposed signatory to execute closing documents (deed, mortgage etc.) on behalf of the LLC? Choose an item.		
Are there limits on the authority? Choose an item.		
If so, what are the limits? Click or tap here to enter text.		
Does your office have any knowledge of limits in the Operating Agreement contrary to the Statement of Authority? Choose an item.		
Review of Operating Agreement		
If there is no conclusive evidence of who may bind the LLC, a review of the operating agreement is necessary		
Look for who has the authority to take the required action on behalf of the LLC		
Will need an affidavit signed that the presented operating agreement is a true and complete operating agreement with any and all amendments		
If more than one manager and the operating agreement does not provide otherwise, will need unanimous written consent of all managers or a meeting with an affirming vote by majority to take needed action		
Are there inconsistencies between publicly filed documents and non-publicly filed documents? Choose an item. If yes, contact underwriting.		
Lack of Written Operating Agreement		
See Affidavit 62 & TN 11.10.01 - All members execute an affidavit establishing; that they are all the members & consent to sell or mortgage, and if too many members to execute, may be executed by a majority - check with underwriting		
LLC is selling – FIRPTA information		
Give the signatory for the LLC an IRS Form W-9 to fill in and sign. Questions can be answered by their tax attorney.		
When W-9 returned review it. Look to see if paragraph 3 of section 2 has been marked off. If not, this will work as a valid nonforeign affidavit and no FIRPTA withholding is required. If paragraph 3 is marked off, withhold for FIRPTA		
Bankruptcy – if yes to any of the following – contact underwriting		
Has any member been a debtor in bankruptcy? Choose an item.		
If so, who & when? Click or tap here to enter text.		
Is the LLC a debtor in bankruptcy? Choose an item.	Is the LLC one of a family or group of entities? Choose an item.	
If so, are any of the group of entities a debtor in bankruptcy? Click or tap here to enter text.		
Creditors – Have any creditors acquired or are attempting to acquire a member’s interest by charging order? Choose an item. If yes, contact underwriting.		

JUN-28-05 TUE 11:09 AM
Division of Corporations

BLOCH, MINERLEY & FEIN

FAX NO. 5614479884

P. 01
Page 1 of 1

L05000064335

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H05000157797 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : BLOCH, MINERLEY & FEIN, PL.
Account Number : I19980000064
Phone : (561) 362-6699
Fax Number : (561) 447-9884

RECEIVED

05 JUN 28 AM 11:21

DIVISION OF CORPORATIONS

FILED
2005 JUN 28 AM 9:45
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY

MONACO, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing

Public Access Help

J. SMITH JUN 29 2005

ARTICLES OF ORGANIZATION OF LIMITED LIABILITY COMPANY

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

ARTICLE I — Name:

The name of the Limited Liability Company is: Monaco, LLC.

ARTICLE II — Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 21050 Point Place, Aventura, FL 33180

ARTICLE III — Registered Agent and Registered Office:

The name and the Florida street address of the initial registered agent are: Stuart E. Bloch, Esq., 980 North Federal Highway, Suite 412, Boca Raton, Florida 33432

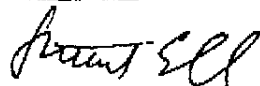
ARTICLE IV — Management:

The Company is to be managed by the manager(s).

ARTICLE V — Limitation on Agency Authority of Members:

Pursuant to section 608.4235 of the Florida Limited Liability Company Act, no member of the Company shall be an agent of the Company solely by virtue of being a member.

IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative of a member and acknowledged them to be my act this 28th day of JUNE, 2005.



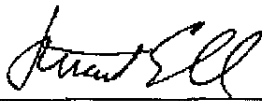
Stuart E. Bloch, Esq.
Authorized Representative

FILED
2005 JUN 28 AM 9:45
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1105000157797 3

**STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT
FOR
MONACO, LLC**

I hereby accept the designation as registered agent to accept service of process for the above stated limited liability company at the place designated in this statement. I am familiar with and accept the obligations of my position as registered agent under Chapter 608, Florida Statutes.



Stuart E. Bloch, Esq.
Authorized Representative

Dated: JUNE 28, 2005

FILED
2005 JUN 28 AM 9:45
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1105000157797 3

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT



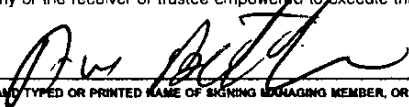
FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90064 035 ****50.00

DOCUMENT # L05000064335 1. Entity Name MONACO, LLC					
Principal Place of Business 21050 POINT PLACE AVENTURA, FL 33180			Mailing Address 21050 POINT PLACE AVENTURA, FL 33180		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01102006 Chg-LLC CR2E083 (11/05)	
4. FEI Number 20-3238069				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent BLOCH, STUART E ESQ 980 NORTH FEDERAL HIGHWAY, SUITE 412 BOCA RATON, FL 33432	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>				8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State		9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		10. ADDITIONS/CHANGES TITLE NAME STREET ADDRESS CITY-ST-ZIP			
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition MGRM AVE BITTAN 21050 Point PLACE, 2705 AVENTURA, FL 33180			
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <u><i>Ali Bittan</i></u> <u>1/11/06</u> <u>305-9180025</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 18, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000064335			
1. Entity Name MONACO, LLC			
Principal Place of Business 21050 POINT PLACE AVENTURA, FL 33180		Mailing Address 21050 POINT PLACE AVENTURA, FL 33180	
			
		01142007 No Chg-LLC CR2E083 (11/05)	
		4. FEI Number 20-3238069	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent			
BLOCH, STUART E ESQ 980 NORTH FEDERAL HIGHWAY, SUITE 412 BOCA RATON, FL 33432			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
Filing Fee is \$50.00 Due by May 1, 2007			
9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BITTAN, AVI 21050 POINT PLACE, 2705 AVENTURA, FL 33180	U000000590430 01/18/07-80054-019 50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath: that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE:  1.15.2007 305 310 4477			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE _____ Date _____ Daytime Phone _____			

LO5000064335

V

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

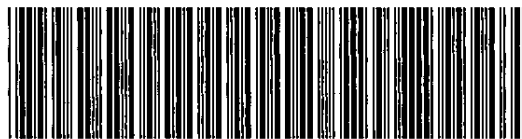
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800242296378

12/05/12--01015--035 **60.00

FILED

12 DEC -5 PM 1:17

OFFICE OF THE
TALLAHASSEE, FLORIDA

B. BOSTICK

DEC - 6 2012

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MONACO, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

AVI BITTAN

Name of Person

ROYAL SENIOR CARE

Firm/Company

1660 NE MIAMI GARDENS DR. STE 8

Address

NORTH MIAMI BEACH FL 33179

City/State and Zip Code

ABITTAN@ROYALSENIORS.COM

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

For further information concerning this matter, please call:

AVI BITTAN

Name of Person

at (305)

310-4477

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☒ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

12 DEC -5 PM 1:17

FILED

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

MONACO, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 06/28/2005 and assigned Florida document number L05000064335.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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 as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

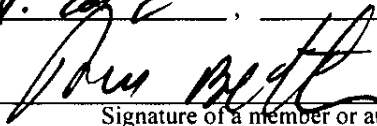
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	AVI BITTAN	21050 POINT PLACE, 2705	<input type="checkbox"/> Add
		AVENTURA, FL 33180	<input checked="" type="checkbox"/> Remove
MGR	ZIVA BITTAN	21050 POINT PLACE, 2705	<input checked="" type="checkbox"/> Add
		AVENTURA, FL 33180	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

FILED
12 DEC - 6 PM 1:17
TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated 12.04.2012



Signature of a member or authorized representative of a member

AVI BITTAN

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED

12 DEC -5 PM 1:17

STATE
TALLAHASSEE, FLORIDA

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000064335

Entity Name: MONACO, LLC

Current Principal Place of Business:

21050 POINT PLACE
2705
AVENTURA, FL 33180

Current Mailing Address:

21050 POINT PLACE
AVENTURA, FL 33180

FEI Number: 20-3238069

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BITTAN, AVI
980 NORTH FEDERAL HIGHWAY, SUITE412
BOCA RATON, FL 33432 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: AVI BITTAN

01/23/2018

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name BITTAN, ZIVA
Address 21050 POINT PLACE, 2705
City-State-Zip: AVENTURA FL 33180

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BITTAN, ZIVA

MANAGER

01/23/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000064335

Entity Name: MONACO, LLC

Current Principal Place of Business:

17749 COLLINS AVE
1602
SUNNY ISLES BEACH , FL 33160

Current Mailing Address:

17749 COLINS AVE
1602
SUNNY ISLES BEACH , FL 33160 US

FEI Number: 20-3238069

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BITTAN, AVI
17749 COLLINS AVE
1602
SUNNY ISLES BEACH , FL 33160 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: AVI BITTAN

03/29/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name BITTAN, ZIVA
Address 17749 COLLINS AVE
1602
City-State-Zip: SUNNY ISLES BEACH FL 33160

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ZIVA BITTAN

MGT

03/29/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000064335

Entity Name: MONACO, LLC

Current Principal Place of Business:

17749 COLLINS AVE
1602
SUNNY ISLES BEACH , FL 33160

Current Mailing Address:

17749 COLINS AVE
1602
SUNNY ISLES BEACH , FL 33160 US

FEI Number: 20-3238069

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BITTAN, AVI
17749 COLLINS AVE
1602
SUNNY ISLES BEACH , FL 33160 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: AVI BITTAN

01/12/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name BITTAN, ZIVA
Address 17749 COLLINS AVE
1602
City-State-Zip: SUNNY ISLES BEACH FL 33160

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ZIVA BITTAN

MGR

01/12/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000064335

Entity Name: MONACO, LLC

Current Principal Place of Business:

17749 COLLINS AVE
1602
SUNNY ISLES BEACH , FL 33160

Current Mailing Address:

17749 COLINS AVE
1602
SUNNY ISLES BEACH , FL 33160 US

FEI Number: 20-3238069

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BITTAN, AVI
17749 COLLINS AVE
1602
SUNNY ISLES BEACH , FL 33160 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: AVI BITTAN

02/27/2022

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name BITTAN, ZIVA
Address 17749 COLLINS AVE
1602
City-State-Zip: SUNNY ISLES BEACH FL 33160

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: AVI AND ZIVA BITTANE

MGR

02/27/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date

**Electronic Articles of Organization
For
Florida Limited Liability Company**

**L15000194480
FILED 8:00 AM
November 17, 2015
Sec. Of State
cgolden**

Article I

The name of the Limited Liability Company is:

18D TEAM, LLC

Article II

The street address of the principal office of the Limited Liability Company is:

17707 NW MIAMI CT
#101
MIAMI, FL. 33169

The mailing address of the Limited Liability Company is:

17707 NW MIAMI CT
#101
MIAMI, FL. 33169

Article III

The name and Florida street address of the registered agent is:

JOSE L PEREZ
17707 NW MIAMI CT
#101
MIAMI, FL. 33169

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 certificate, 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 relating 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 Signature: JOSE L PEREZ

Article IV

The name and address of person(s) authorized to manage LLC:

Title: MGRM
JOSE L PEREZ
17707 NW MIAMI CT #101
MIAMI, FL. 33169

Title: MGRM
ANGEL CACHINERO
17707 NW MIAMI CT #101
MIAMI, FL. 33169

Title: MGRM
ZONIA ESPINAL
17707 NW MIAMI CT #101
MIAMI, FL. 33169

L15000194480
FILED 8:00 AM
November 17, 2015
Sec. Of State
cgolden

Article V

The effective date for this Limited Liability Company shall be:

11/17/2015

Signature of member or an authorized representative

Electronic Signature: JOSE L PEREZ

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000194480

Entity Name: 18D TEAM, LLC

Current Principal Place of Business:

17707 NW MIAMI CT
#101
MIAMI, FL 33169

Current Mailing Address:

17707 NW MIAMI CT
#101
MIAMI, FL 33169

FEI Number: 47-5605049

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PEREZ, JOSE L
17707 NW MIAMI CT
#101
MIAMI, FL 33169 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name PEREZ, JOSE L
Address 17707 NW MIAMI CT #101
City-State-Zip: MIAMI FL 33169

Title MGRM
Name CACHINERO, ANGEL
Address 17707 NW MIAMI CT #101
City-State-Zip: MIAMI FL 33169

Title MGRM
Name ESPINAL, ZONIA
Address 17707 NW MIAMI CT #101
City-State-Zip: MIAMI FL 33169

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOSE L PEREZ

MANAGER

04/29/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000194480

Entity Name: 18D TEAM, LLC

Current Principal Place of Business:

7821 NW 159 TER
MIAMI LAKES, FL 33016

Current Mailing Address:

7821 NW 159 TER
MIAMI LAKES, FL 33016 US

FEI Number: 82-1012478

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CACHINERO, ANGEL
7821 NW 159 TER
MIAMI LAKES, FL 33016 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ANGEL CACHINERO

04/11/2017

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name CACHINERO, ANGEL
Address 7821 NW 159 TER
City-State-Zip: MIAMI LAKES FL 33016

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ANGEL CACHINERO

MGR

04/11/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date

115000194480

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

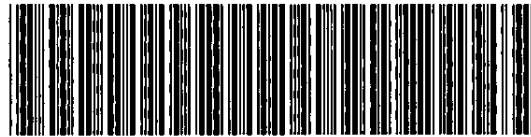
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Sign W17-33551

Office Use Only



400297893574

04/17/17--01028--013 **25.00

FILED
2017 MAY -1 PM 12:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY

MAY -4 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 18D TEAM LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANGEL CAHINERO

Name of Person

SUNLIFE HOME SOLUTIONS LLC

Firm/Company

7821 NW 159 TER

Address

MIAMI LAKES, FL 33016

City/State and Zip Code

SUNLIFEHOMESOLUTIONS@GMAIL.COM

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

For further information concerning this matter, please call:

ANGEL CACHINERO

305 216-8226
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

18D TEAM LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2017 MAY -1 PM 12:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 11/17/2015 and assigned
Florida document number L15000194480.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

SUNLIFE HOME SOLUTIONS LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

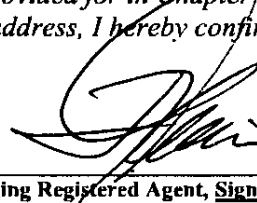
City

Florida

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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 as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.



If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
2017 MAY -1 PM 12:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
2017 MAY -1 PM 12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
2017 MAY -1 PM 12:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

2017

Signature of a member or authorized representative of a member

Typed or printed name of signee



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 19, 2017

SUNLIFE HOME SOLUTIONS LLC
ANGEL CAHINERO
7821 NW 159 TER
MIAMI LAKES, FL 33016

SUBJECT: 18D TEAM, LLC
Ref. Number: L15000194480

We have received your document for 18D TEAM, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Karen A Saly
Regulatory Specialist II

Letter Number: 117A00007582

RECEIVED
2017 MAY -1 PM 12:07
ETARY
HASSEY, J. J.

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000194480

Entity Name: SUNLIFE HOME SOLUTIONS LLC

Current Principal Place of Business:

7821 NW 159 TER
MIAMI LAKES, FL 33016

Current Mailing Address:

7821 NW 159 TER
MIAMI LAKES, FL 33016 US

FEI Number: 82-1012478

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CACHINERO, ANGEL
7821 NW 159 TER
MIAMI LAKES, FL 33016 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ANGEL CACHINERO

03/30/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name CACHINERO, ANGEL
Address 7821 NW 159 TER
City-State-Zip: MIAMI LAKES FL 33016

Title MGRM
Name CACHINERO, BEATRIZ A
Address 7821 NW 159 TER
City-State-Zip: MIAMI LAKES FL 33016

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ANGEL CACHINERO

MGRM

03/30/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date

L15 000 1944 SC

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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T SCHROEDER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sunlife Home Solutions, LLC.

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Martha L. Mendez, Esq.

Name of Person

Feinstein & Mendez, P.A.

Firm/Company

14 NE 1st Avenue, Suite 1109

Address

Miami, Florida 33132

City/State and Zip Code

martha@fpmlawfirm.com

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

For further information concerning this matter, please call:

Martha L. Mendez

786

636-8938

at ()

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

CR2E138 (2/14)

STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of authority:

FIRST: The name of the limited liability company is: Sunlife Home Solutions LLC

SECOND: The Florida Document Number of the limited liability company is: 82-1012478

THIRD: The street address of the limited liability company's principal office is:

7821 NW 159 Terr

Miami Lakes, FL 33016

The mailing address of the limited liability company's principal office is:

7821 NW 159 Terr

Miami Lakes, FL 33016

FOURTH: This statement of authority grants or sets limitations of authority on all persons having the status or position of a person in a company, whether as a member, transferee, manager, officer or otherwise or to a specific person on the following:

1. May execute an instrument transferring real property held in the name of the company.

a. Granted to: Angel Cachinero or

Beatriz A. Cachinero


b. No authority granted to: _____

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to: Angel Cachinero or

Beatriz A. Cachinero

b. No authority granted to: _____


Signature of authorized representative

ANGEL CACHINERO
Typed or printed name of signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000194480

Entity Name: SUNLIFE HOME SOLUTIONS LLC

Current Principal Place of Business:

7821 NW 159 TER
MIAMI LAKES, FL 33016

Current Mailing Address:

7821 NW 159 TER
MIAMI LAKES, FL 33016 US

FEI Number: 82-1012478

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CACHINERO, ANGEL
7821 NW 159 TER
MIAMI LAKES, FL 33016 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ANGEL CACHINERO

06/08/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGRM	Title	MGRM
Name	CACHINERO, ANGEL	Name	CACHINERO, BEATRIZ A
Address	7821 NW 159 TER	Address	7821 NW 159 TER
City-State-Zip:	MIAMI LAKES FL 33016	City-State-Zip:	MIAMI LAKES FL 33016

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ANGEL CACHINERO

MGRM

06/08/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000194480

Entity Name: SUNLIFE HOME SOLUTIONS LLC

Current Principal Place of Business:

7821 NW 159 TER
MIAMI LAKES, FL 33016

Current Mailing Address:

7821 NW 159 TER
MIAMI LAKES, FL 33016 US

FEI Number: 82-1012478

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CACHINERO, ANGEL
7821 NW 159 TER
MIAMI LAKES, FL 33016 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ANGEL CACHINERO

02/21/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGRM	Title	MGRM
Name	CACHINERO, ANGEL	Name	CACHINERO, BEATRIZ A
Address	7821 NW 159 TER	Address	7821 NW 159 TER
City-State-Zip:	MIAMI LAKES FL 33016	City-State-Zip:	MIAMI LAKES FL 33016

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ANGEL CACHINERO

MGRM

02/21/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000194480

Entity Name: SUNLIFE HOME SOLUTIONS LLC

Current Principal Place of Business:

7821 NW 159 TER
MIAMI LAKES, FL 33016

Current Mailing Address:

7821 NW 159 TER
MIAMI LAKES, FL 33016 US

FEI Number: 82-1012478

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CACHINERO, ANGEL
7821 NW 159 TER
MIAMI LAKES, FL 33016 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ANGEL CACHINERO

01/22/2022

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name CACHINERO, ANGEL
Address 7821 NW 159 TER
City-State-Zip: MIAMI LAKES FL 33016

Title MGRM
Name CACHINERO, BEATRIZ A
Address 7821 NW 159 TER
City-State-Zip: MIAMI LAKES FL 33016

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ANGEL CACHINERO

01/22/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date

DOCUMENT COVER PAGE

For those documents not providing the **required** 3 x 3 inch space on the first page, this cover page must be attached.

An additional recording fee for this page must be remitted.

(Space above this line reserved for recording office use)

Document Title: Statement of Authority
(Mortgage, Deed, Etc.)

Return Document To / Prepared By:

Martha L. Mendez, Esq.
14 NE 1st Avenue, Suite 1109
Miami, Florida 33132

STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of authority:

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7821 NW 159 Terr

Miami Lakes, FL 33016

The mailing address of the limited liability company's principal office is:

7821 NW 159 Terr

Miami Lakes, FL 33016

FOURTH: This statement of authority grants or sets limitations of authority on all persons having the status or position of a person in a company, whether as a member, transferee, manager, officer or otherwise or to a specific person on the following:

1. May execute an instrument transferring real property held in the name of the company.

a. Granted to: Angel Cachinero or

Beatriz A. Cachinero

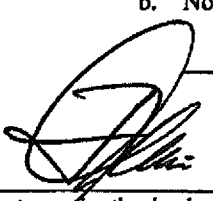
b. No authority granted to: _____

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to: Angel Cachinero or

Beatriz A. Cachinero

b. No authority granted to: _____


Signature of authorized representative

ANGEL CACHINERO
Typed or printed name of signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

CR2E138 (2/14)

This Document Prepared By and Return to:
Transfer Title Services, Inc
Grace Quinones
9950 Stirling Road #107
Cooper City, FL 33024

Parcel ID Number: **514008-08-1990**

Warranty Deed

This Indenture, Made this **18th** day of **March**, **2020** A.D., **Between**
SUNLIFE HOME SOLUTIONS LLC., a Florida Limited Liability Company

of the County of **Miami-Dade**, State of **Florida**, **grantor**, and
JEFFREY FARBER and JEANNE ELEANOR FARBER, husband and wife

whose address is: **16530 NW 9 Street, Pembroke Pines, FL 33028**

of the County of **Broward**, State of **Florida**, **grantees.**

Witnesseth that the GRANTOR, for and in consideration of the sum of

TEN DOLLARS (\$10)

and other good and valuable consideration to GRANTOR in hand paid by GRANTEES, the receipt whereof is hereby acknowledged, has granted, bargained and sold to the said GRANTEES and GRANTEES' heirs, successors and assigns forever, the following described land, situate, lying and being in the County of **Broward** State of **Florida** to wit:

A portion of Parcel A, WESTFORK 1 PLAT, according to the plat thereof as recorded in Plat Book 150, Page 43 of the Public Records of Broward County, Florida, being more particularly described as follows:

Commencing at the Southwest corner of said Parcel A; thence North 01°46'52" West, along the West line of said Parcel A, 2,240.60 feet; thence North 88°13'25" East, 494.43 feet; thence North 01°46'35" West, 112.50 feet to the Point of Beginning; thence continue North 01°46'35" West, 90.00 feet; thence North 88°13'25" East, 55.00 feet; thence South 01°46'35" East, 90.00 feet; thence South 88°13'25" West, 55.00 feet to the Point of Beginning; Said lands lying in the City of Pembroke Pines, Broward County, Florida.

AKA: Lot 199, THE ISLAND AT SPRING VALLEY

Subject to restrictions, reservations and easements of record, if any, and taxes subsequent to 2019.

and the grantor does hereby fully warrant the title to said land, and will defend the same against lawful claims of all persons whomsoever.

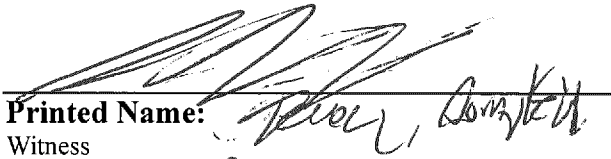
Warranty Deed - Page 2


Parcel ID Number: 514008-08-1990


In Witness Whereof, the grantor has hereunto set his hand and seal the day and year first above written.

Signed, sealed and delivered in our presence:

**SUNLIFE HOME SOLUTIONS LLC., a
Florida Limited Liability Company**

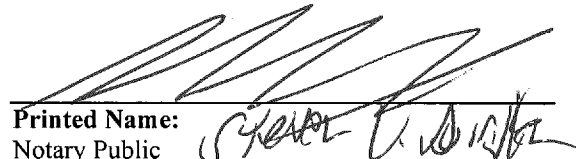

Printed Name: Beatriz A. Cachinero
Witness

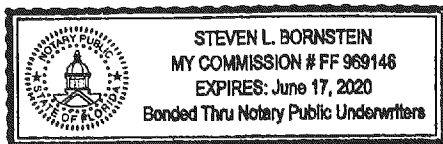
By:  (Seal)
Beatriz A. Cachinero, Manager
P.O. Address: 7821 NW 159 Terrace, Miami Lakes, FL 33016


Printed Name: Grace Quinones
Witness
State of Florida
County of Broward

The foregoing instrument was acknowledged before me by means of ☒ physical presence or ☐ online notarization, this 18th day of March, 2020, by Beatriz A. Cachinero, Manager of SUNLIFE HOME SOLUTIONS LLC., a Florida Limited Liability Company on behalf of the limited liability company

who is personally known to me or who has produced his
Florida's driver license
as identification


Printed Name: Steven L. Bornstein
Notary Public
My Commission Expires:



The Island at Spring Valley
c/o Atlantis Management Services, LC
11011 Sheridan St, Ste 208
Cooper City, FL 33026

CERTIFICATE OF APPROVAL FOR PURCHASE

This is to certify that **Jeffrey & Jeanne Farber** has been approved by The Island at Spring Valley, a Florida Corporation, not for profit, for purchase of the following described real property in Broward County, Florida at **16530 NW 9 Street, Pembroke Pines, FL 33028.**

This approval is granted and conditioned upon the sales contract agreement, or otherwise, assuming all of the obligations and responsibilities of ownership as set forth under the terms of conditions of the Declaration of Covenants, Restrictions and Easements, Articles of Incorporation, By-Laws, and Rules and Regulations as the same pertain to the unit for which this approval of purchase has been granted.

By:


Authorized Signature

Date:

02-21-20

Approved for 2 adults only.

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

Give form to the
requester. Do not
send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)	
	2 Business name/disregarded entity name, if different from above.	
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ (Applies to accounts maintained outside the United States.)
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/>	
	5 Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number	
<input type="text"/>	<input type="text"/>
or	
Employer identification number	
<input type="text"/>	<input type="text"/>

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person	Date
------------------	--------------------------	------

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

must obtain your correct taxpayer identification number (TIN), which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid).
- Form 1099-DIV (dividends, including those from stocks or mutual funds).
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds).
- Form 1099-NEC (nonemployee compensation).
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers).
- Form 1099-S (proceeds from real estate transactions).
- Form 1099-K (merchant card and third-party network transactions).
- Form 1098 (home mortgage interest), 1098-E (student loan interest), and 1098-T (tuition).
- Form 1099-C (canceled debt).
- Form 1099-A (acquisition or abandonment of secured property).

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

Caution: If you don't return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued);
2. Certify that you are not subject to backup withholding; or
3. Claim exemption from backup withholding if you are a U.S. exempt payee; and
4. Certify to your non-foreign status for purposes of withholding under chapter 3 or 4 of the Code (if applicable); and
5. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting is correct. See *What Is FATCA Reporting*, later, for further information.

Note: If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

Establishing U.S. status for purposes of chapter 3 and chapter 4 withholding. Payments made to foreign persons, including certain distributions, allocations of income, or transfers of sales proceeds, may be subject to withholding under chapter 3 or chapter 4 of the Code (sections 1441–1474). Under those rules, if a Form W-9 or other certification of non-foreign status has not been received, a withholding agent, transferee, or partnership (payor) generally applies presumption rules that may require the payor to withhold applicable tax from the recipient, owner, transferor, or partner (payee). See Pub. 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*.

The following persons must provide Form W-9 to the payor for purposes of establishing its non-foreign status.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the disregarded entity.
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the grantor trust.
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust and not the beneficiaries of the trust.

See Pub. 515 for more information on providing a Form W-9 or a certification of non-foreign status to avoid withholding.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person (under Regulations section 1.1441-1(b)(2)(iv) or other applicable section for chapter 3 or 4 purposes), do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515). If you are a qualified foreign pension fund under Regulations section 1.897(l)-1(d), or a partnership that is wholly owned by qualified foreign pension funds, that is treated as a non-foreign person for purposes of section 1445 withholding, do not use Form W-9. Instead, use Form W-8EXP (or other certification of non-foreign status).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a saving clause. Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if their stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first Protocol) and is relying on this exception to claim an exemption from tax on their scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 24% of such payments. This is called “backup withholding.” Payments that may be subject to backup withholding include, but are not limited to, interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third-party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester;
2. You do not certify your TIN when required (see the instructions for Part II for details);
3. The IRS tells the requester that you furnished an incorrect TIN;
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only); or
5. You do not certify to the requester that you are not subject to backup withholding, as described in item 4 under “*By signing the filled-out form*” above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code*, later, and the separate Instructions for the Requester of Form W-9 for more information.

See also *Establishing U.S. status for purposes of chapter 3 and chapter 4 withholding*, earlier.

What Is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all U.S. account holders that are specified U.S. persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you are no longer tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account, for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

• **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note for ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040 you filed with your application.

• **Sole proprietor.** Enter your individual name as shown on your Form 1040 on line 1. Enter your business, trade, or "doing business as" (DBA) name on line 2.

• **Partnership, C corporation, S corporation, or LLC, other than a disregarded entity.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

• **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. Enter any business, trade, or DBA name on line 2.

• **Disregarded entity.** In general, a business entity that has a single owner, including an LLC, and is not a corporation, is disregarded as an entity separate from its owner (a disregarded entity). See Regulations section 301.7701-2(c)(2). A disregarded entity should check the appropriate box for the tax classification of its owner. Enter the owner's name on line 1. The name of the owner entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For

example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2. If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, enter it on line 2.

Line 3a

Check the appropriate box on line 3a for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3a.

IF the entity/individual on line 1 is a(n) . . .	THEN check the box for . . .
• Corporation	Corporation.
• Individual or	Individual/sole proprietor.
• Sole proprietorship	
• LLC classified as a partnership for U.S. federal tax purposes or	Limited liability company and enter the appropriate tax classification:
• LLC that has filed Form 8832 or 2553 electing to be taxed as a corporation	P = Partnership, C = C corporation, or S = S corporation.
• Partnership	Partnership.
• Trust/estate	Trust/estate.

Line 3b

Check this box if you are a partnership (including an LLC classified as a partnership for U.S. federal tax purposes), trust, or estate that has any foreign partners, owners, or beneficiaries, and you are providing this form to a partnership, trust, or estate, in which you have an ownership interest. You must check the box on line 3b if you receive a Form W-8 (or documentary evidence) from any partner, owner, or beneficiary establishing foreign status or if you receive a Form W-9 from any partner, owner, or beneficiary that has checked the box on line 3b.

Note: A partnership that provides a Form W-9 and checks box 3b may be required to complete Schedules K-2 and K-3 (Form 1065). For more information, see the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

If you are required to complete line 3b but fail to do so, you may not receive the information necessary to file a correct information return with the IRS or furnish a correct payee statement to your partners or beneficiaries. See, for example, sections 6698, 6722, and 6724 for penalties that may apply.

Line 4 Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third-party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space on line 4.

1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2).

- 2—The United States or any of its agencies or instrumentalities.
- 3—A state, the District of Columbia, a U.S. commonwealth or territory, or any of their political subdivisions or instrumentalities.
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities.
- 5—A corporation.
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or territory.
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission.
- 8—A real estate investment trust.
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940.
- 10—A common trust fund operated by a bank under section 584(a).
- 11—A financial institution as defined under section 581.
- 12—A middleman known in the investment community as a nominee or custodian.
- 13—A trust exempt from tax under section 664 or described in section 4947.

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
• Interest and dividend payments	All exempt payees except for 7.
• Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
• Barter exchange transactions and patronage dividends	Exempt payees 1 through 4.
• Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 5. ²
• Payments made in settlement of payment card or third-party network transactions	Exempt payees 1 through 4.

¹ See Form 1099-MISC, Miscellaneous Information, and its instructions.

² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) entered on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37).

B—The United States or any of its agencies or instrumentalities.

C—A state, the District of Columbia, a U.S. commonwealth or territory, or any of their political subdivisions or instrumentalities.

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i).

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i).

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state.

G—A real estate investment trust.

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940.

I—A common trust fund as defined in section 584(a).

J—A bank as defined in section 581.

K—A broker.

L—A trust exempt from tax under section 664 or described in section 4947(a)(1).

M—A tax-exempt trust under a section 403(b) plan or section 457(g) plan.

Note: You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, enter "NEW" at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

Line 6

Enter your city, state, and ZIP code.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have, and are not eligible to get, an SSN, your TIN is your IRS ITIN. Enter it in the entry space for the Social security number. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note: See *What Name and Number To Give the Requester*, later, for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at www.SSA.gov. You may also get this form by calling 800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/EIN. Go to www.irs.gov/Forms to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to www.irs.gov/OrderForms to place an order and have Form W-7 and/or Form SS-4 mailed to you within 15 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and enter "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, you will generally have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note: Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon. See also *Establishing U.S. status for purposes of chapter 3 and chapter 4 withholding*, earlier, for when you may instead be subject to withholding under chapter 3 or 4 of the Code.

Caution: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code*, earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third-party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABLE accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account
4. Custodial account of a minor (Uniform Gift to Minors Act)	The minor ²
5. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee ¹
b. So-called trust account that is not a legal or valid trust under state law	The actual owner ¹
6. Sole proprietorship or disregarded entity owned by an individual	The owner ³
7. Grantor trust filing under Optional Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))**	The grantor*

For this type of account:	Give name and EIN of:
8. Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity ⁴
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
11. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee
14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
15. Grantor trust filing Form 1041 or under the Optional Filing Method 2, requiring Form 1099 (see Regulations section 1.671-4(b)(2)(i)(B))**	The trust

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name on line 1, and enter your business or DBA name, if any, on line 2. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.)

* **Note:** The grantor must also provide a Form W-9 to the trustee of the trust.

** For more information on optional filing methods for grantor trusts, see the Instructions for Form 1041.

Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records From Identity Theft

Identity theft occurs when someone uses your personal information, such as your name, SSN, or other identifying information, without your permission to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax return preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity, or a questionable credit report, contact the IRS Identity Theft Hotline at 800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 877-777-4778 or TTY/TDD 800-829-4059.

Protect yourself from suspicious emails or phishing schemes.

Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 800-366-4484. You can forward suspicious emails to the Federal Trade Commission at spam@uce.gov or report them at www.ftc.gov/complaint. You can contact the FTC at www.ftc.gov/idtheft or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see www.IdentityTheft.gov and Pub. 5027.

Go to www.irs.gov/IdentityTheft to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their laws. The information may also be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payors must generally withhold a percentage of taxable interest, dividends, and certain other payments to a payee who does not give a TIN to the payor. Certain penalties may also apply for providing false or fraudulent information.



7666 E. 61st, Suite 315, Tulsa, OK 74133
 Phone: 918-587-6828 ♦ Fax: 918-582-6772
www.nala.org ♦ cle@nala.org

CERTIFICATE OF ATTENDANCE

Certified Paralegals are required to submit evidence of 50 hours of continuing legal education hours to renew the CP credential every 5 years. Of the 50 hours, 5 hours must be in legal ethics, and no more than 10 hours may be recorded in non-substantive areas. If attending a non-NALA sponsored educational event, this certificate should be completed and submitted with relevant documentation for the event. Please be sure to obtain the required signatures for verification of attendance. The requirements to maintain the CP credential are available from NALA's web site at <https://www.nala.org/certification/certtest2view>.

PLEASE COMPLETE THE SPACES BELOW AND ATTACH A PROGRAM

Session Hours	Session Topics (Description and Speakers)	Validation of Attendance
1.0	Signs, Signs, Who Signs for the LLC?	LNM

_____ Name of CP (Please Print)	149113 _____ NALA Account Number (On Mailing Label)
_____ Signature of CP	Attorneys' Title Fund Services, Inc. _____ Name of Seminar/Program Sponsor
_____ Address	<i>Linda Monaco</i> _____ Authorized Signature of Sponsor Representative
_____ Preferred e-mail address	_____ Date of Educational Event:
	On-Demand Webinar _____ Location:

For Office Use Only	
Substantive hours	
Non-substantive hours	
Ethics	



FL BAR Reference Number: 2408172N

Title: Signs, Signs, Who Signs for the LLC?

Level: Intermediate

Approval Period: 10/01/2024 – 04/30/2026

CLE Credits

General 1.0

Certification Credits

Real Estate 1.0

Business Litigation 1.0