

2/7/24 13:15

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : LEOPOLD KORN & LEOPOLD, P.A.  
Account Number : 120010000025  
Phone : (786)899-2246  
Fax Number : (786)899-2307

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: Philip@coregrp.com

Foreign Limited Liability Company  
Dolce Far Niente LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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Corporate Filing Menu

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

IN COMPLIANCE WITH SECTION 605.01(1), FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. DOLCE FAK NIENTE LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLP")

Or, name unavailable, state alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Alternate Liability Company," "A.L.C." or "ALC."

2. California 83-0767108  
(Jurisdiction and Federal or State Tax Identification Number) 3. ATTORNEY AT LAW  
(If Tax Identification Number is not available, provide "N/A")

4. 1330 S SANTA FE AVE, STE 300 1330 S SANTA FE AVE, STE 300  
(State Street or Mailed Address in Florida; if none, no jurisdiction) (State Street or Mailed Address in Florida; if none, no jurisdiction)  
(See sections 605.02(4) & 607.005, F.S. to determine priority liability.) 5. LOS ANGELES, CA 90071 6. LOS ANGELES, CA 90021  
(State Address of Principal Office) (State Address of Principal Office)

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

Name: Corporation Service Company  
 Office Address: 1201 Hays Street  
Tallahassee 32301  
(City) (State) (Zip code)

**Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

*Kelly Marinelli*  
(Registered agent's signature)

**FILED**  
 2024 FEB -8 PM 3:57  
 SECRETARY OF STATE  
 TALLAHASSEE, FL

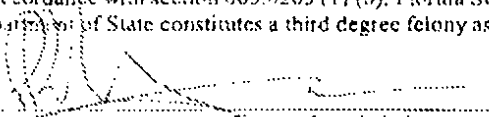
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: PHILIP RAHIMZADEH	<input type="checkbox"/> Manager	Name: .....
<input type="checkbox"/> Member	Address: 1330 S Santa Fe Ave Ste 300	<input type="checkbox"/> Member	Address: .....
<input type="checkbox"/> Authorized	Los Angeles, CA 90021	<input type="checkbox"/> Authorized	.....
Person	.....	Person	.....
<input type="checkbox"/> Other .....	<input type="checkbox"/> Other .....	<input type="checkbox"/> Other	<input type="checkbox"/> Other .....
<input type="checkbox"/> Manager	Name: .....	<input type="checkbox"/> Manager	Name: .....
<input type="checkbox"/> Member	Address: .....	<input type="checkbox"/> Member	Address: .....
<input type="checkbox"/> Authorized	.....	<input type="checkbox"/> Authorized	.....
Person	.....	Person	.....
<input type="checkbox"/> Other .....	<input type="checkbox"/> Other .....	<input type="checkbox"/> Other	<input type="checkbox"/> Other .....
<input type="checkbox"/> Manager	Name: .....	<input type="checkbox"/> Manager	Name: .....
<input type="checkbox"/> Member	Address: .....	<input type="checkbox"/> Member	Address: .....
<input type="checkbox"/> Authorized	.....	<input type="checkbox"/> Authorized	.....
Person	.....	Person	.....
<input type="checkbox"/> Other .....	<input type="checkbox"/> Other .....	<input type="checkbox"/> Other	<input type="checkbox"/> Other .....

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.9203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

  
 \_\_\_\_\_  
 Signature of an authorized person

PHILIP RAHIMZADEH

\_\_\_\_\_  
 Typed or printed name of signer



## Secretary of State Certificate of Status

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

Entity Name: DOLCE FAR NIENTE LLC  
Entity No.: 201706210091  
Registration Date: 03/02/2017  
Entity Type: Limited Liability Company - CA  
Formed In: CALIFORNIA  
Status: Active

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

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

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



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of January 23, 2024.

A handwritten signature in black ink, appearing to read "Shirley N. Weber".

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

Certificate No.: 175748633

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