Division of Corporations

# orida Department of State

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(((H16000266216 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BROAD AND CASSEL (BOCA RATON)

Account Number: 076376001555

Phone : (561)483-7000 Fax Number

: (561)483-7321

\*\*Enter the email address for this business entity to be used for fully 

Email Address:

JC@COMPSON.COM

### Foreign Limited Liability Company 155 East Boca Raton Mezz, LLC

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Certificate of Status	0
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OCT 28 2016

Electronic Filing Menu

Corporate Filing Menu

## FAX AUDIT NO. H16000266216 3 APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TRAITED FLARIUTY

COMPANY TO TRANSACT BU				
155 EAST BOCA RAT	· · · · · · · · · · · · · · · · · · ·			
(Name of Fore	eign Limited Liability Co	mpany; must include "Limited	Liability Company," "L.L.C.," or	"LLC.")
Liability Company," "L.L.C,"	ternate name adopted for "I.LC.")	the purpose of transacting bu	siness in Florida. The alternate na	me must include "Limited
2. DELAWARE		3. 81-41239		
(Jurisdiction under the law company is organized)	of which foreign limited	liability	(FEI number, if applicable	)
4.				
	(Date first transc (See sections 605.)	icted business in Florida, if pr 1904 & 605.0905, F.S. to dete	ior to registration.)	_
5. 36 SOUTHEAST 3RD				<b></b>
BOCA RATON, FLOR				
** GOV!07/FD + GFD **D S	,	Address of Principal Office)		_
6. 36 SOUTHEAST 3RD	STREET			_
BOCA RATON, FLOR	RIDA 33432			
		(Mailing Address)		် ် <b>ရှိ</b>
7. Name and street addres	s of Florida registered	agent: (P.O. Box NOT ac	eceptable)	H. 6
Name:	BCRA, LLC		***************************************	SSE A
Office Address:	7777 GLADES ROA	D, SUITE 300	<del></del>	
	BOCA RATON		, Florida	
Registered agent's accep	4	(City)	(Zip code)	
Having been named as red designated in this application	gistered agent and to d tion, I hereby accept to ons of all statutes rela	he appointment as register tive to the proper and com	or the above stated limited liab red agent and agree to act in th plete performance of my dutie.	is capacity. I further agree
	Man		Manager	
		(Registered agent's signal	ture)	
8. The name, title or capa	acity and address of the	e person(s) who has/have at	ithority to manage is/are:	
155 EAST BOCA RATO		MGR		
36 SOUTHEAST 3RD ST	TREET			<del></del>
BOCA RATON, FLORID	OA 33432			
<ol> <li>Attached is a certificate jurisdiction under the law of the translator must be st</li> </ol>	of which it is organize	than 90 days old, graly auth d. (If the certificate is in a f	enticated by the official having foreign language, a translation of	custody of records in the f the certificate under oath
This document is executed	l in accordance with se	ction 605.0203 (1) (b), Flor	rida Statutes. I am aware that an	y false information
submitted in a document to	•	ate constitutes a third degre- lanager of 155 East Boca R	e felony as provided for in s.81'	7.133, F.S.
	Janies Comparato, M	Typed or printed name of sig		

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# <u>Delaware</u>

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "155 EAST BOCA RATON MEZZ, LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE TWENTIETH DAY OF OCTOBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "155 EAST BOCA RATON MEZZ, LLC" WAS FORMED ON THE THIRTEENTH DAY OF OCTOBER, A.D. 2016.

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

6181113 8300 SR# 20166296457

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

Authentication: 203197778

Date: 10-20-16

FAX AUDIT NO.: H16000266216 3