

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.

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To:	▼ .	<u> </u>
	Division of Corporations	JANIS
	Fax Number : (850)617-6383	
From:	· ••• · · · · · · · · · · · · · · · · ·	:EZH4
	Account Name : CORPORATE CREATIONS INTERNATIONAL :	INC.
	Phone : (561)694-8107	
	Fax Number : (561)694-1639	~
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inual rep	Foreign Limited Liability Company 3625 HTL LLC Certificate of Status	7 JAN 19
	Foreign Limited Liability Company 3625 HTL LLC Certificate of Status 1 Certified Copy 0	7 JAN 19

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Corporate Filing Menu

Help

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

IN COMPLIANCE WITH SECTION 605,0902, FLORIDA STATUTES THE FOLLOWING IS STRUCTED TO REGISTER A

	ILITY COMPANY TO TRANSA	CT BUSINESS IN TH	E STATE OF FLORIDA:	D TO TOOLULE (A
1. 3625 HTL LLC				
(Name of Foreign	Limited Liability Company; must i	include "Limited Liability	Company," "L.L.C.," or "LLC.	7)
(If name unavailable, enter after Liability Company," "L.L.C," or	male filting adopted for the purpose of "LLC")	of transacting business in	Florida. The alternate name mu	st include "Limited
2. DELAWARE		3		
	which foreign limited liability	_ 3,	(FEI number, if applicable)	
4				•
	(Date first transacted busines (See sections 605,0904 & 605.0	e in Floride, if prior to re 905, F.S. to determine pe	gistration.) naity fiability)	
5. 2071 FLATBU	JSH AVE STE 22	·		· .
BROOKLYN,	NY 11234			- Fs
2071 ELATRI	• • • • • • • • • • • • • • • • • • • •	iress of Principal Office)		ご同
·	ISH AVE STE 22			五五五五五五五五五五五五五五五五五五五五五五五五五五五五五五五五五五五五五五五
BROOKLYN,	<u> </u>			19 %
	(M	failing Address)		is/are:
7. The name, title or ca	pacity and address of the p	person(s) who has/h	ave authority to manage	is/are: 🗧 🧖
ZEVI KOHN - N	IGRM		<u> </u>	92 22
2071 FLATBUS	H AVE STE 22			
BROOKLYN, N	Y 11234			
having custody of record acceptable. If the certific must be submitted) ———————————————————————————————————	13, F.S., the execution of this document is submitted in a document to the Depart	the law of which it e, a translation of the of an authorized per consister an affirmation of ment of State constitutes a th	is organized. (A photocome certificate under oath oath oath oath oath oath oath oath	copy is not of the translator the translator
	i yped or prir	nted name of signee	3	

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "3625 HTL 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 NINETEENTH DAY OF JANUARY, A.D. 2017.

AND I DO HERBY FURTHER CERTIFY THAT THE SAID "3625 HTL LLC" WAS FORMED ON THE FIFTEENTH DAY OF JANUARY, A.D. 2016.

AND I DO HEREBY PURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

TALLAHASSES, LUCATION OF THE TALLAHASSES, LUC

De st core delaware sov/aut

Authentication: 201895742

Date: 01-19-17

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1.	The name	of the	Limited	Liability	Company is:
	ند بداهند	المناسب		. •	

3625 HTL LLC

If unavailable, the alternate to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

INTERSTATE AGENT SERVICES LLC

Name

1540 GLENWAY DRIVE

Florida Street Address (P.O. Box NOT ACCEPTABLE)

TALLAHASSEE

32301

City/State/Zip

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 as provided for in Chapter 605, Florida Statutes.

(Signature)