

M18000001147

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

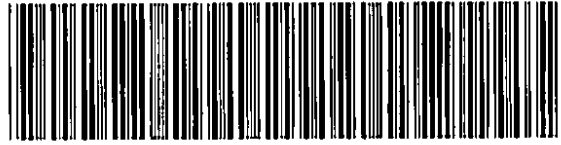
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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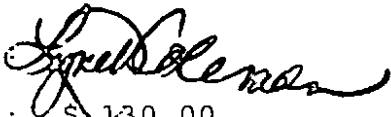
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RECEIVED  
2018 FEB - 1 AM 10:51  
TALAMASSEE, FLORIDA

FILED  
18 FEB - 1 AM 9:45  
TALAMASSEE, FLORIDA

S. WARREN  
FEB 02 2018

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 052089 4302440  
AUTHORIZATION :   
COST LIMIT : \$ 130.00

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ORDER DATE : January 31, 2018  
ORDER TIME : 9:35 AM  
ORDER NO. : 052089-005  
CUSTOMER NO: 4302440

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FOREIGN FILINGS

NAME: 5370 INTERNATIONAL DRIVE  
MEMBER LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY  
XX \_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER: \_\_\_\_\_

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 5370 INTERNATIONAL DRIVE MEMBER LLC  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Michael Zukerman  
Name of Person

c/o Warshaw Burstein, LLP  
Firm/Company

555 Fifth Avenue, 11th Floor  
Address

New York, New York 10017  
City/State and Zip Code

mzukerman@wbny.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Zukerman at (212) 984-7836  
Name of Contact Person Area Code Daytime Telephone Number

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

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

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy
- \$160.00 Filing Fee, Certificate of Status & Certified Copy

**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 LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. 5370 International Drive Member LLC  
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C." or "LLC")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC")

2. Delaware 3. \_\_\_\_\_  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
 (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 4570 Curtis Boulevard 6. 4570 Curtis Boulevard  
(Street Address of Principal Office) (Mailing Address)  
 Cocoa, FL 32927 Cocoa, FL 32927

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  
 Name: Scott Marchand  
 Office Address: 4570 Curtis Boulevard  
Cocoa, Florida 32927  
(City) (Zip code)

FILED  
 18 FEB -1 AM 9:45  
 DEPARTMENT OF STATE  
 TALLAHASSEE, FLORIDA

**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.*

/s/ Scott Marchand  
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>Manager</u>	<u>Peter Griffith</u> <u>4648 Pilton Place</u> <u>Haymarket, VA 20165</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Use attachments if necessary)

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

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Michael Zukerman  
Signature of an authorized person  
 Michael Zukerman  
Typed or printed name of signee

# Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "5370 INTERNATIONAL DRIVE MEMBER 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 THIRTY-FIRST DAY OF JANUARY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "5370 INTERNATIONAL DRIVE MEMBER LLC" WAS FORMED ON THE THIRTY-FIRST DAY OF JANUARY, A.D. 2018.

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



  
Jeffrey W. Bullock, Secretary of State

6735520 8300

SR# 20180639674

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 202070904

Date: 01-31-18