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CORPORATE ACCESS, _____

CORPORATE When you need ACCESS to the world

INC.

236 East 6th Avenue, Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

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	PICK	UP: 8/2 GI	linda					
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X	РНОТОСОРУ							
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X	C FILING	FOREIGN LLC	3					
1.	4280 Lakewood Road Ma	nager, LLC						
	(CORPORATE NAME AND DOCUM	ran (#)						
2.	(CORPORATE NAME AND DOCUM	ENUT #A						
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3.	(CORPORATE NAME AND DOCUM	ENT#)						
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SPECI	AL INSTRUCTIONS:							

${\bf APPLICATION~BY~FOREIGN~LIMITED~LIABILITY~COMPANY~FOR~AUTHORIZATION~TO~TRANSACT~BUSINESS}\\ {\bf IN~FLORIDA}$

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. 4280 Lakewood Road I	Manager, LLC Limited Liability Company; must include "Limite	d Lability Con	ipany "I.I.C." or "I.I.C."		
(* a o, , a g.,		a Elatinity Con	gany. e.e.c. a eec.	,	
(If name unavailable, enter alternate o	ime adopted for the purpose of transacting business at Flo	oda. The alternate	name most include "Limited Lia	ibility Company," "L.I. C." or " ELC.")	
2. Delaware		3.			
(Jurisdiction under the fast of wh	(Jurisdiction under the law of which foreign turnled trability company is organized)			ber, if applicable)	
4					
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905 F.S. to determ	registration) we penalty liabilit	уі		
5. 5959 Blue Lagoon Dri	ve, Suite 200	6. ⁵⁹⁵	9 Blue Lagoon Drive, !	Suite 200	
(Street Address of P Miami, FL 33126	tincipal Office)		6. 5959 Blue Lagoon Drive, Suite 200 (Mailing Address)		
Stating 1 to 33120		191111	mi, FL 33126		
7 Name and street addres	s of Florida registered agent: (P.O. Box	MOT none	ntahla)		
Name:	Corpeo, Inc.	<u>1101</u> acce,	<u> </u>		
Office Address:	2699 S. Bayshore Drive, 7th Floor				
	Miami		, Florida <u>33133</u> (Zipcoi		
Registered agent's accep	(Cuy)		(Zip coi	de)	
8. The name, title or capa <u>Title or Capacity:</u>	Respected agent's acity and address of the person(s) who have the Name and Address:	signature) is/have autho	atz. President of Corpe ority to manage is/are or Capacity:	Name and Address:	
Manager	1019 Interests, LLC				
	5959 Blue Lagoon Drive, 200	<u> </u>			
	Miami, FL 33126	_		<u> </u>	
				30.	
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(Use attachments if necessary)				P	
 Attached is a certificate jurisdiction under the law of of the translator must be st 	of existence, no more than 90 days old, of which it is organized. (If the certificationitted)	duly authent e is in a fore	icated by the official had a translating t	aving custody of records in the tion of the certificate under oath	
10. This document is execusubmitted in a document to	uted in accordance with section 605.070 the Department of State constitutes a th	3 (1) (b): Flo	orida Statutes. I am awa Ilony as provided for m	te that any false information s.817.455, F.S.	
	JAC - Constant	of an authorized	reson		
)			
	Kenneth A. Smuts, as Manager of 1019				
	Typed or	printed name of	Nigrica		

Page 1

<u>Delaware</u>

The First State

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

DELAWARE, DO HEREBY CERTIFY "4280 LAKEWOOD ROAD MANAGER, 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 THIRD DAY OF AUGUST, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "4280 LAKEWOOD ROAD MANAGER, LLC" WAS FORMED ON THE FIRST DAY OF AUGUST, A.D. 2018.

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

Authentication: 203183559

Jeffrey W. Bullock, Socretary of State

Date: 08-03-18