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Florida Department of State
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FC4000000023
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Foreign Limited Liability Company
Azul Baldwin Park, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
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2018 OCT -5 AM 9:23

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N CULLIGAN

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

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Azul Baldwin Park, 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 (State of incorporation) 3. (FEI number, if applicable)

4. October 3, 2018 (Date first transacted business in Florida, if prior to registration. See sections 605.004 & 605.005, F.S. to determine penalty liability.)

5. c/o Cores Management, Inc. (Street Address of Principal Office) 8950 West Olympic Blvd., Suite 181 Beverly Hills, California 90211
6. c/o Cores Management, Inc. (Mailing Address) 8950 West Olympic Blvd., Suite 181 Beverly Hills, California 90211

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

Name: C.T Corporation System
Office Address: 1200 South Pine Island Road
Plantation Florida 33324

Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company, 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.

By: C.T Corporation System Kimberly Laughrey, Assistant Secretary (Registered agent's signature)

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

Table with 4 columns: Title or Capacity, Name and Address, Title or Capacity, Name and Address. Rows include Director Hani C.M. Cohen and Director Debbie G. Cohen.

(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 § 817.155, F.S.

Signature of an authorized person: Debbie Cohen
Typed or printed name of signer: Debbie Cohen

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AZUL BALDWIN PARK, 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 FOURTH DAY OF OCTOBER, A.D. 2018.

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



7085606 8300

SR# 20186988284

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

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203550943

Date: 10-04-18