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TO:	Registration Section Division of Corporations	*		
SUBJI	129 NW 26 St., L	LC.		
		Name of Limited Liability Company		
		gn Limited Liability Company for Authorization to Transact Business in Florida," Ce to register the above referenced foreign limited liability company to transact business		
Please	return all correspondence con-	ncerning this matter to the following:		
	Cara-Jenna Kr	ronengold, Esq.		
		Name of Person		
	Cara-Jenna Kr	ronengold, P.A.		
Firm/Company				
	19950 W. Cou	intry Club Dr., Suite 900		
		Address		
	Aventura, FL 3	33180		
	_	City/State and Zip Code		
	ckronengold@r	nuovogrup.com		
	 	E-mail address: (to be used for future annual report notification)		
For fur	ther information concerning th	his matter, please call:		
	Cara Kronengold	305 466-1810		
	Name of C	at () 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		
Enclo	sed is a check for the foll ■ \$125.00 Filing Fee	lowing amount: \$\text{\$\sumsymbol{1}}\$\$ \$130.00 Filing Fee & \$\text{\$\sumsymbol{\text{\$\sumsymbol{2}}}\$}\$\$ \$Certified Copy 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: 129 NW 26 St., 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.") Delaware (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) N/A (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 19950 W. Country Club Drive, Suite 900 Aventura, FL 33180 (Street Address of Principal Office) 19950 W. Country Club Drive, Suite 900 Aventura, FL 33180 (Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Elias Amkie Levy, Manager- 19950 W. Country Club Dr., Suite 900, Aventura, FL 33180 Martin Miculitzki, Manager- 19950 W. Country Club Dr., Suite 900, Aventura, FL 33180 8. Attached is an original 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. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) Signature of an authorized person (In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.) Cara-Jenna Kronengold, Esq., Authorized Rep.

Typed or printed name of signee

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.

If unavailab	le, the alternate to be used i	in the state of Florida is:			
2. The name	e and the Florida street add	ress of the registered agent and office are:			
	CT Corporation System				
		(Name)	_		
	1200 S Pine Island Road, Suite 250				
	Florida Street Address (P.O. Box NOT ACCEPTABLE)		_		
	Plantation	33324 FL	_		
		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.

Sandra Ortega

(Signature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

Assistant Secretary

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)



PAGE 1

The First State

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

DELAWARE, DO HEREBY CERTIFY THAT "129 NW 26 ST, LLC" IS DULY

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

STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR

REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY

AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENT HAS BEEN FILED:

CERTIFICATE OF FORMATION, FILED THE TWENTY-SEVENTH DAY OF JANUARY, A.D. 2014, AT 1:45 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CERTIFICATE IS THE ONLY PAPER OF RECORD, THE LIMITED LIABILITY

COMPANY IN QUESTION NOT HAVING FILED AN AMENDMENT NOR HAVING

MADE ANY CHANGE WHATSOEVER IN THE ORIGINAL CERTIFICATE AS FILED.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

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141103202

AUTHENTYCATION: 1644461

DATE: 08-25-14

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