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| PICK-UP                                 | ☐ WAIT            | MAIL        |
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OIXISION OF CORPORATIONS

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#### FLORIDA DEPARTMENT OF STATE Division of Corporations

June 8, 2017

ROBIN ORGANEK 2255 GLADES RD, STE 234 W BOCA RATON, FL 33431

SUBJECT: BELMONT DELAWARE

Ref. Number: W17000048421

We have received your document for BELMONT DELAWARE and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia I Simmons Regulatory Specialist II

Letter Number: 517A00011600

MITJUNZ MENTE

#### **COVER LETTER**

TO:

Registration Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

Enclosed is a check for the following amount:

LE\$125.00 Filing Fee & Certificate of Status

| 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:  |
| Robin Organek Name of Person   |
| Belmont Delaware, LLC Firm/Company   |
| 2255 Glades Rd. Ste, 234W  |
| Boca Raton, FL. 33431 City/State and Zip Code  |
| E-mail address (1) be used for future amulal report notification)  |
| For further information concerning this matter, please call:   |
| Robin Organek at 561 241-7200 Name of Contact Person Area Code Daytime Telephone Number  |
| MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration Section  |

Clifton Building

\$155.00 Filing Fee & Certified Copy

2661 Executive Center Circle Tallahassee, FL 32301

\$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. Belmont Delcoure L.C. (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "L.L.C.," or "L.L.C.")  |
| (If mame 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. (Jurisdiction under the law of which foreign lumited liability company is organized)  3. (FEI number, if applicable)   |
| 4. Color first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)   |
| 5. 2255 Glades Rd.  (Street Address of Principal Office)  Ste 234W  Boca Raton, FL 33431  Boca Raton FL 33431   |
| 7. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)   |
| Name: Emanuel Organek   |
| Office Address: 2255 Glades Rd, Ste 234W  Box a Rotton, Florida 3343/ (City)  Registered agent's acceptance:  |
| Boxa Rotton, Florida 3343/ 2 =  |
| 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.  (Registered agent's signature) |
| 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  Title or Capacity:  Name and Address:  Title or Capacity:  Name and Address:  |
| Manager Enginee Dragnee   |
| Manager Marc Blumbingon   |
| (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.  Emanuel Ovanek   |
| 1 yped of printed name of signee  |

Page 1

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "BELMONT DELAWARE L.L.C." 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 JUNE, A.D. 2017.

Authentication: 202736702

Date: 06-19-17