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N. CAUSSEAUX
- JUL 1 9 2018

COVER LETTER

TO:

Registration Section

SUBJECT:	195 Phesten Associ	ates Palm Beach LLC					
SUBJECT:		Name of	Limited Liability	Company			
					ansact Business in Florida." (y company to transact busine		
Please return	all correspondence	concerning this matter to the	following:				
	Maura Ziska						
		N	ame of Person				
	Kochman & Z	iska PLC					
	Firm/Company						
•	222 Lakeview Ave, Suite 1500						
			Address	· · · ·			
	West Palm Bea	ich, FL 33401					
		City/S	tate and Zip Code				
	kneville@florida	wills.com					
		E-mail address: (to be use	d for future annual	report no	tification)		
For further in	aformation concerning	g this matter, please call:					
Ma	ura Ziska		561 at (802-89	060		
	Name (of Contact Person	Area Code	Day	vtime Telephone Number		
Divi Reg P.O.	ILING ADDRESS: ision of Corporations istration Section . Box 6327 ahassee, FL 32314			Division Registrat Clifton B 2661 Exc	of Corporations ion Section Building ecutive Center Circle see, FL 32301		
	check for the follow 125.00 Filing Fee	ring amount: \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy	ig Fee &	□ \$160.00 Filing Fee, Cer 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:

Comment Comm	(Name of Foreig	es Palm Beach, LLC on Lumited Lisbility Company: must include "Lum	ited Liability Company," "L.L.C." ~ "I	(0")
(Case first examened business of Plotids. Approx to regulations) (Case first examened business of Plotids. Approx to regulations) (See extense 405) 6004 & 405 6003, F.S. to determine periody identicy) (See extense 405) 6004 & 405 6003, F.S. to determine periody identicy) (See extense 405) 6004 & 405 6003, F.S. to determine periody identicy) (See extense 405) 6004 & 405 6003, F.S. to determine periody identicy) (See extense 405) 6004 & 405 6003, F.S. to determine periody identicy) (See extense 405) 6004 & 405 6003, F.S. to determine periody identicy) (See extense 405) 6004 & 405 6003, F.S. to determine periody identicy) (See extense 405) 6004 & 405 6003, F.S. to determine periody identicy) (See extense 405) 6004 & 405 6003, F.S. to determine periody identicy) (See extense 405) 6004 & 405 6003, F.S. to determine periody identicy) (Wellington, F.L. 33414 Name and street address of Florida registered agent: (P.O. Box NOT acceptable) (Regulary identicy) (Regulary identicy)				
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(Case of the state of the content of				wy company. Gaze, or the
(Chee fact reasoned business in Pords, dispose to reputations) (See sections 60) 9004 & 603 003. F.S. to determine persoly liability) [See sections 60) 9004 & 603 003. F.S. to determine persoly liability) [See sections 60) 9004 & 603 003. F.S. to determine persoly liability) [See sections 60) 9004 & 603 003. F.S. to determine persoly liability) [Wellington, FL 33414] Wellington, FL 33414 Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Maura Ziska Office Address: 222 Lakeview Ave, Ste 1500 West Palm Beach (Cesy) [West Palm Beach (Cesy) [West Palm Beach (Cesy) [Vigocote] Wing been named as registered agent and to accept service of process for the above stated limited liability comparignated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. In accept the obligations of my position, a registered agent. Maccept the obligations of my position, a registered agent. (Represend sport 1 tigenous) [Represend sp	Company (sour restrict life 18th OL	which foreign limited liability company is organized)		number, if applicable)
Store Address of Plorida registered agent: (P.O. Box NOT acceptable) Name: Maura Ziska Wellington, FL 33414				
Sister Address of Plucial Office Wellington, FL 33414		(Date first transacted business in Florida, if print (See sections 605 0004 & 605 0004 F.C.)	to registration.)	
Street Address of Principal Offices G. 3343 Southfields Rd Wellington, FL 33414 Wellington, FL 33414	13345 Southfields Rd			
Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Maura Ziska Office Address: 222 Lakeview Ave, Ste 1500 West Palm Beach , Florida 33401 [Utip code] [Utip code]	(Street Address of Principal Office)		6. 3345 Southfields Rd	
Name: Maura Ziska Office Address: 222 Lakeview Ave, Ste 1500 West Palm Beach , Florida 33401 (Cep) (Cep) (Cep) glatered agent's acceptance: (Cep) (Cep) glatered agent's acceptance: (Cep) (Cep) (Cep) (Reputed agent and to accept service of process for the above stated limited liability companions of an interest agent and agree to act in this capacity. (Reguered agent and agree to act in this capacity. I accept the obligations of my position or registered agent and complete performance of my duties, and I am (Reguered agent's signature) 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: Addres	Wellington, FL 33414		Wellington, FL 33414	Address
Name: Maura Ziska Office Address: 222 Lakeview Ave, Ste 1500 West Palm Beach (Cey) West Palm Beach (Cey) Gistered agent's acceptance: Wing been named as registered agent and to accept service of process for the above stated limited liability comparignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. If accept the obligations of all statutes relative to the proper and complete performance of my duties, and I am (Reguered agent's signature) 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				
Name: Maura Ziska Office Address: 222 Lakeview Ave, Ste 1500 West Palm Beach , Florida 33401 (Cep) (Cep) (Cep) gistered agent's acceptance: (Cep) (Cep) gistered agent and to accept service of process for the above stated limited liability comparignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. (Reguered agent is signature) I accept the obligations of my position as registered agent. (Reguered agent is signature) (Reguered agent's signature) 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: Address: Title or Capacity: Name and Address: Address: Title or Capacity: Name and Address: Address: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Address: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Address: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Address: Title or Capacity: Name and Address: Title	Name and street addre	SS Of Florida registered agents (D.O. D.		
West Palm Beach (Cay)			x <u>NOT</u> acceptable)	
West Palm Beach (Cey) (Cey) (Cey) (Coy)	Office Address	222 Lakeview Ave. Ste 1500		
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Page 1



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

DELAWARE, DO HEREBY CERTIFY "195 PHESTEN ASSOCIATES PALM BEACH 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 NINETEENTH DAY OF JULY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "195 PHESTEN ASSOCIATES PALM BEACH LLC" WAS FORMED ON THE SECOND DAY OF JULY, A.D. 2018.

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

Authentication: 203093824

Date: 07-19-18

6959857 8300 SR# 20185746595