M19000001703

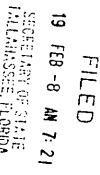
(Requestor's Name) (Address) (Address)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Linky Ivalie)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
:

Office Use Only



200324252152

02/08/19--01019--005 **125.00



COVER LETTER

TO:

Registration Section **Division of Corporations**

SUBJECT: 26 NORTH PROPERTY GROUP, LLC

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

Please return all correspondence concerning this matter to the following:	
David Zahn	
Name of Person	_
26 NORTH PROPERTY GROUP, LLC	
Firm/Company	_
2600 N Flagler # 206	
Address	_
West Palm Beach, FL 33407	
City/State and Zip Code	_
shadewooten@yahoo.com	
E-mail address: (to be used for future annual report notification)	_
For further information concerning this matter, please call:	
David Zahn504232-9474	
Name of 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

Enclosed is a check for the following amount:

☑ \$125.00 Filing Fee

□ \$130.00 Filing Fee & Certificate of Status

□ \$155.00 Filing Fee & Certified Copy

□ \$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:

(If name unavailable, enter alterna	ite name adopted for	the purpose of transacting busine	ess in Florida. The	alternate name must include "Litt	nited Liabili	ty Company," "L.L.C," or "LLC,")
2. Nevada			3			
(Jurisdiction under the law	of which foreign lim	ted liability company is organized	i)		FEI number.	, if applicable)
4.						
	(Date firs (See secti	transacted business in Florida, if ons 605 0904 & 605 0905, F.S. to	prior to registration determine penalt	m.) y fiability)		
5. 2600 N Flagler	# 206		6.	2600 N Flagler	# 206	
2600 N Flagler # 206 (Street Address of Principal Office) West Palm Beach, FL 33407						
West Faiiii bea	ICH, FL 334	107		West Palm Beac	ЛI, ГL	33407
						
7. Name and street add	ress of Florida	a registered agent: (P.C). Box. NOT	accentable)		
		ered Agents Inc.		accopiant,		
Name:	negisie	ereu Agents inc.	····			9
Office Addres	s: <u>7901 41</u>	th St N STE 300				是四日 中
	St. Pete	ersburg		Florida <u>337</u>	02	
D 1. 1		(City)	<u> </u>		(Zip code)	- B H
Vagietared agent's an						
			_			· · · · · · · · · · · · · · · · · · ·
Registered agent's acc Having been named as	registered ag	ent and to accept servi	ce of process	s for the above stated li	imited li	iability company at the pla
Having been named as designated in this appl	registered ag ication, I here	by accept the appointn	nent as regis	tered agent and agree i	to act in	iability company at the pla
Having been named as designated in this appl to comply with the pro	registered ag ication, I here visions of all s	eby accept the appointn statutes relative to the p	nent as regis proper and co	tered agent and agree i	to act in	iability company at the pla
Having been named as designated in this appl to comply with the pro	registered ag ication, I here visions of all s	by accept the appointn	nent as regis proper and co	tered agent and agree i	to act in	iability company at the pla
Having been named as designated in this appl to comply with the pro	registered ag ication, I here visions of all s	eby accept the appointnestatutes relative to the position as registered ageing	nent as regis proper and co	tered agent and agree o complete performance o	to act in	iability company at the pla
Having been named as designated in this apple to comply with the proand accept the obligation	registered ag ication, I here visions of all s ions of my pos	thy accept the appointnestatutes relative to the position as registered agents	nent as regis proper and cont. agent's signature	tered agent and agree o	to act in of my du	iability company at the pla
Having been named as designated in this apple to comply with the proand accept the obligation	registered agication, I here visions of all s ons of my pos Beet had apacity and ad	eby accept the appointnestatutes relative to the position as registered ageing	ment as regis proper and cont. agent's signature who has/have	tered agent and agree o	to act in of my du	iability company at the pla
Having been named as designated in this applito comply with the proand accept the obligate. 8. The name, title or capacity	registered agication, I here visions of all s ons of my pos Beet had apacity and ad	thy accept the appointnesset accept the appointnesset accept the position as registered agent (Registered acceptance). (Registered acceptance) the person(s) value and Address:	ment as regis proper and cont. agent's signature who has/have	tered agent and agree of the complete performance of the complete performance of the complete performance is authority to manage is	to act in of my du	iability company at the pla this appacity I further a ties, and I am familiar wi
Having been named as designated in this applito comply with the proand accept the obligate. 8. The name, title or company the content of the	registered agication, I here visions of all s ons of my pos But apacity and ad	thy accept the appointnesset to the position as registered agentation (Registered address of the person(s) v	ment as regis proper and cont. agent's signature who has/have	tered agent and agree of the complete performance of the complete performance of the complete performance is authority to manage is	to act in of my du	iability company at the pla this appacity I further a ties, and I am familiar wi
Having been named as designated in this applito comply with the proand accept the obligate. 8. The name, title or capacity	registered agication, I here visions of all s ons of my pos Beet Hand apacity and ad	thy accept the appoints statutes relative to the position as registered ages (Registered ddress of the person(s) vame and Address: David Zahn	ment as regis proper and cont. agent's signature who has/have	tered agent and agree of the complete performance of the complete performance of the complete performance is authority to manage is	to act in of my du	iability company at the pla this appacity I further a ties, and I am familiar wi
Having been named as designated in this applies to comply with the proand accept the obligate. 8. The name, title or capacity. Manager	registered agication, I here visions of all s ons of my pos Back apacity and ad	thy accept the appoints statutes relative to the point on as registered ages (Registered ages) Address of the person(s) volume and Address: David Zahn 1800 N Finales # 206 Vest Palm Beach, FL 33407	ment as regis proper and cont. agent's signature who has/have	tered agent and agree of the complete performance of the complete performance of the complete performance is authority to manage is	to act in of my du	iability company at the pla this appacity I further a ties, and I am familiar wi
Having been named as designated in this applito comply with the proand accept the obligate. 8. The name, title or capacity	registered agication, I here visions of all s ons of my pos Bec apacity and ad	thy accept the appoints statutes relative to the prition as registered agention as registered agential (Registered ddress of the person(s) vame and Address: David Zahn 1600 N Finales # 206	ment as regis proper and cont. agent's signature who has/have	tered agent and agree of the complete performance of the complete performance of the complete performance is authority to manage is	to act in of my du	iability company at the pla this appacity I further a ties, and I am familiar wi
Having been named as designated in this applito comply with the proand accept the obligate. 8. The name, title or capacity Manager	registered agication, I here visions of all s ons of my pos Beet had apacity and ad E	thy accept the appoints statutes relative to the prition as registered ages (Registered ages) of the person(s) value and Address: David Zahn Hood N Flagier # 206 Vest Palm Beach, FL 33407	ment as regis proper and cont. agent's signature who has/have	tered agent and agree of the complete performance of the complete performance of the complete performance is authority to manage is	to act in of my du	iability company at the pla this appacity I further a ties, and I am familiar wi
Having been named as designated in this applite comply with the proand accept the obligate. 8. The name, title or capacity Manager	registered agication, I here visions of all s ons of my pos apacity and ad	chy accept the appoints statutes relative to the position as registered ages (Registered ages) of the person(s) volume and Address: David Zahn 1600 N Flacier # 206 Cest Palm Beach, FL 33407 Shade Zahn 1600 N Flacier # 206	ment as regis proper and cont. agent's signature who has/have	tered agent and agree of the complete performance of the complete performance of the complete performance is authority to manage is	to act in of my du	iability company at the pla this appacity I further a ties, and I am familiar wi
Having been named as designated in this applito comply with the proand accept the obligate. 8. The name, title or carries of Capacity Manager Manager (Use attachments if ne	registered agication. I here visions of all s ons of my pos apacity and ad apacity and ad apacity and ad cessary)	chy accept the appoints statutes relative to the point on as registered ages (Registered ages) (Registered ddress of the person(s) volume and Address: David Zahn 1500 N Flacilet # 206 Vest Palm Beach FL 33407	ment as regis proper and cont. agent's signature who has/have	tered agent and agree of the complete performance of the complete performance of the complete performance of the complete performance is the complete performance of the complete permanent performance of the complete performanc	to act in of my du	iability company at the pla this sapacity. I further a ties, and I am familiar wit
Having been named as designated in this applito comply with the proand accept the obligate. 8. The name, title or carries of Capacity Manager Manager (Use attachments if new 9. Attached is a certifical content of the certifical content of the certifical content of the certifical cer	registered agication. I here visions of all s ons of my pos But apacity and ad 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	center of the appointment of the project of the project of the person (Registered age) Registered	ment as regis proper and cont. agent's signature who has/have	tered agent and agree of the complete performance of the complete permanent performance of the complete performanc	to act in of my du /are:	Name and Address:
Having been named as designated in this apply to comply with the pro and accept the obligate. 8. The name, title or capacity Manager Manager (Use attachments if new 19. Attached is a certific jurisdiction under the life.)	registered agication. I here visions of all s ons of my pos But L apacity and ad apacity and ad cessary) ate of existence which it	center of the appointment of the project of the project of the person (Registered age) Registered	ment as regis proper and cont. agent's signature who has/have	tered agent and agree of the complete performance of the complete permanent performance of the complete performanc	to act in of my du /are:	iability company at the pla this sapacity. I further a ties, and I am familiar wit
Having been named as designated in this applito comply with the proand accept the obligate. 8. The name, title or capacity. Manager Manager (Use attachments if need is a certification under the leads to the translator must be designed.)	apacity and adages are of existence of existence of which it e submitted)	Registered ages (Registered ages ition as registered ages (Registered ages ition as registered ages ition as registered ages ition as registered ages (Registered ages it in a registered ages it in a	ment as regis proper and cont. agent's signature who has/have 1	tered agent and agree of the complete performance of the complete permanent performance of the complete performanc	to act in of my du /are:	Name and Address:
Having been named as designated in this applito comply with the proand accept the obligate. 8. The name, title or carried or Capacity Manager Manager (Use attachments if new 9. Attached is a certification under the life of the translator must be seen as a certification of the translator must be seen as a certification. This document is established.	apacity and adaged submitted) secuted in accordance of which it esubmitted)	Registered ages (Registered ages (Registered ages of the person(s) v. Name and Address: David Zahn REGON Flacillet # 206 Rest Palm Beach, FL 33407 Shade Zahn REGON Flacillet # 206 Rest Palm Beach FL 33407 Rec. no more than 90 days is organized. (If the cereordance with section 60)	ment as regis proper and cont. agent's signature, who has/have s old, duly at tificate is in	authority to manage is. Title or Capacity: athenticated by the office a foreign language, a true.	to act in of my du /are: cial havi ranslatio	Name and Address: In the certificate under or that any false information
Having been named as designated in this applito comply with the proand accept the obligate. 8. The name, title or capacity Manager Manager (Use attachments if need is a certification under the leading in the translator must be seen to the transl	apacity and adaged submitted) secuted in accordance of which it esubmitted)	Registered ages (Registered ages ition as registered ages (Registered ages ition as registered ages ition as registered ages ition as registered ages (Registered ages it in a registered ages it in a	ment as regis proper and cont. agent's signature, who has/have s old, duly at tificate is in	authority to manage is. Title or Capacity: athenticated by the office a foreign language, a true.	to act in of my du /are: cial havi ranslatio	Name and Address: In the certificate under or that any false information

Typed or printed name of signee

David Zahn

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **26 NORTH PROPERTY GROUP**, **LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since October 5, 2018, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on February 1, 2019.

Balbara K. Cegarste

Barbara K. Cegavske Secretary of State

Electronic Certificate
Certificate Number: C20190201-1772