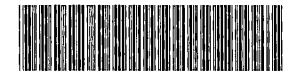
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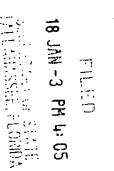
(Requestor's Name)						
(Address)						
(issues,						
(Address)						
(Cit	y/State/Zip/Phone	; #)				
PICK-UP	☐ WAIT	MAIL				
(Bu	siness Entity Nam	ne)				
(Do	cument Number)					
Certified Copies	_ Certificates	of Status				
Special Instructions to Filing Officer:						
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Office Use Only



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S. WARREN JAN 0 4 2018

COVER LETTER

	stration Se sion of Co					
SUBJECT:	Northsh	ore Developmen	, LLC			
.,.,.,.,.				tion - m	ust include suffix	
Dear Sir or N	/ladam:					
"Certificate o	of Existenc		e of Good	Standin	g" and check are sub	ect Business in Florida." Omitted to register the
Please return	all corresp	pondence concerr	ing this m	atter to	the following:	
			Caro	I M. Ch	ang	
	•		Name	of Per	Son	
			iorthshore	Develo	pment, LLC	
			Firm/0	Compan	y	
		69	96 Piazza	Grande	Ave - Ste 309	
			Α	ddress		
			Orlan	ido, FL	17935	
			City/Sta			
			carolmch:	ano@ha	otmail.com	
		E-mail addres	s: (to be us	sed for	uture annual report	notification)
For further in	nformation	concerning this r	natter, plea	ase call:		
Caroli	M. Chang		. 401	7 .	421-7982	
	ne of Perso		at (<u>40°</u> Area (Daytime Telep	ohone Number
Regi Divi Clift 2661	stration Se sion of Co on Buildin	rporations g c Center Circle	SS:		MAILING A Registration S Division of C P.O. Box 632 Tallahassee, F	Section orporations 7
Enclosed is a	check for	the following am	ount:			
□ \$70.00 Fi	iling Fee	S78.75 Filir Certificate			78.75 Filing Fee & ertified Copy	2 \$87.50 Filing Fee. Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1.	Northshore Development, LLC							
	(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Corp.," "Inc.," "Co,," or "Corp.,")							
	Northshore Development of Florida, LLC (If name unavailable in Florida, enter alternate corporate name add	opted for the purpose of transacting	business in Florida)					
2.	Deleware 3.81-5375252							
	Deleware 3.81- (State or country under the law of which it is incorporated)	(FEI number, if app	olicable)					
4.		(Date of duration, if other t						
	(Date of incorporation)	(Date of duration, if other t	han perpetual)					
6.								
7.	(SEE SECTIONS 607.1501 & 607.1502 6996 Piazza Grande Ave - Suite 309, Orlando FL 32835 (Principal	office address)	_					
	(Current mailing	address, if different)	-: 6					
8.	Name and <u>street address</u> of Florida registered agent: (P.O.	Box NOT acceptable)	JAN -3					
	Name: Carol M. Chang							
O	ffice Address: 6996 Piazza Grande Ave - Suite 309	_	PH 4: 05 BY 13 IB BY FLORID					
	Orlando	, Florida <u>32835</u>	첫m 5					
	(City)	(Zip code)						

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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.

Carol Chang
(Figistered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Franz S. Hanning Address: 6996 Piazza Grande Ave - Suite 309, Orlando FL 32835 Vice Chairman: Address: Director: ___ Address: ___ **B. OFFICERS** President: Franz S. Hanning Address: 6996 Piazza Grande Ave - Suite 309, Orlando FL 32835 Vice President: Franz S. Hanning Address: __ Secretary: Franz S. Hanning Address: ______ Treasurer: Franz S. Hanning Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes

(Typed or printed name and capacity of person signing application)

a third degree felony as provided for in s.817.155, F.S.

13. Franz S. Hanning, President



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

DELAWARE, DO HEREBY CERTIFY "NORTHSHORE DEVELOPMENT 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 TWENTIETH DAY OF DECEMBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NORTHSHORE DEVELOPMENT LLC" WAS FORMED ON THE THIRTY-FIRST DAY OF JANUARY,

A.D. 2017.

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

Authentication: 203798087

Date: 12-20-17

6301191 8300 SR# 20177682767