F18000000890

. (Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
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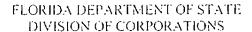
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COVER LETTER

TO: Amendment Section Division of Corporations		قط آریشتر
SUBJECT: 36 MANAGEME	ent trc	_ ``
	Name of Corporation	3
DOCUMENT NUMBER: <u>F/80</u>	00000 890	_
The enclosed <i>Affidavit by Foreign Corpora</i> submitted for filing.	ttion to Change/Add Officer(s) and/or Director(s) and	nd fee
Please return all correspondence concerning	g this matter to the following:	
YEHUQA E 60LD 6'RAB Name of Contact Person	32/2	
36 MANAGAMENT II	vC	
Firm/Company		
6303 Blue LAGOON DA	STE 400	
MIANI) F/ 3313 & City/State and Zip Code		
C (1000 B 2000	and the second second	
E-mail address: (to be used for future annu	ual report notification)	
For further information concerning this mat	ter, please call:	
ERICK GADEA Name of Contact Person	_ at (<u>786</u>) <u>477 6229</u> Area Code & Daytime Telephone Number	
Enclosed is a check made payable to the Flo	orida Department of State for the following amount:	
\$35,00 Filing Fee S43,75 Filing Fee & Certificate of Status	S \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) S \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)	- -
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	







AFFIDAVIT BY FOREIGN CORPORATION TO CHANGE/ADD OFFICER(S) AND/OR DIRECTOR(S)

(Note: Applicable only during the first calendar year of qualification)

1. The name of the foreign corporation as it 36 MANAGGMEN	appears on the records of the Florida Department of State is
2. This entity was authorized to transact bus number is <u>F 18 0000808</u>	siness in Florida on $2/21/13$ and its Florida docur 90
3. This corporation was formed under the law	wsoi <u>DeLAWARZ</u>
4. The name and address of each officer and	
Title: CEO	Name and Address OREN GOLDGRABBR
	6303 Blue LAGOON D
	OREN GOLDGRABER 6303 BLUE LAGOON D STE 4100 MIAM: FI 33126
	ional pages if necessary) PRESIDENT Title of person signing
gnature of an officer or director	1 0 0
ed or printed name of person signing	FILING FEE \$35

Make checks payable to Florida Department of State and Mail to: Division of Corporations•PO Box 6327•Tallahassee, Ft. 32314

CR2E127 (8/08)