## F19000001203

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





900326162619

03/14/19--01006--001 \*\*87.50



S. PRATHEX

## **COVER LETTER**

| TO: Registration Section Division of Corporations   |  |
|---|--|
| SUBJECT: Generation Incame Proposition Name of corporation  | ion - must include suffix  |
| Dear Sir or Madam:  |  |
| The enclosed "Application by Foreign Corporation f<br>"Certificate of Existence," or "Certificate of Good S<br>above referenced foreign corporation to transact bus | tanding" and check are submitted to register the                                       |
| Please return all correspondence concerning this man  | tter to the following:   |
| David Sobelman  |  |
| Name  | of Person  |
| Generation Income Proceedies.   | NG.  |
| Generation I reome Properties, 1<br>Firm/C  | ompany   |
| 401 Fast Jackson Street, Suite  | 3200   |
| , Ad  | dress  |
| Tampa, FL 33602  City/State  ds @ giprei+.com  E-mail address: (to be use   |  |
| City/State  | e and Zip code   |
| ds@aipreit.com  |  |
| E-mail address: (to be use  | ed for future annual report notification)  |
| For further information concerning this matter, pleas   |  |
| _   |  |
| David Sobelmen at (813  | ) 448-1234   |
| Name of Person Area C   | Tode Daytime Telephone Number  |
|   |  |
| STREET/COURIER ADDRESS:   | MAILING ADDRESS:   |
| Registration Section Division of Corporations   | Registration Section Division of Corporations  |
| Clifton Building  | P.O. Box 6327  |
| 2661 Executive Center Circle<br>Tallahassee, FL 32301   | Tallahassee, FL 32314  |
| Enclosed is a check for the following amount:   |  |
| ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status   | □ \$78.75 Filing Fee & S87.50 Filing Fee. Certified Copy Certified Copy Certified Copy |



March 14, 2019

To Whom It May Concern:

Please accept this as my Letter of Consent to allow Generation Income Properties. Inc to to use the same name as the LLC – Generation Income Properties LLC. I am the owner and President/Manager of both and I wish to allow the foreign corporation to do business in Florida under the same name.

Also, this is my second application and second check. The first one was not accepted and was sent back to my address, however, I never received. Please do not deposit this check if the first one was deposited.

Thank you in advance,

DILLO

David Sobelman

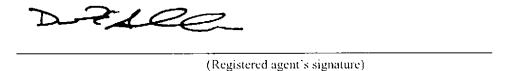
Founder & CEO

## 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. Gener                    | of corporation; must include "INCORPORATED,   |   |                     | _            |
|-----------------------------|---|---|---------------------|--------------|
|                             |   | " "COMPANY," "CORPORATION,"   |                     | _            |
| "Inc.," "Co.,"              | ("Corp," "Inc," "Co," or "Corp.")   |   |                     |              |
|                             | Habablatas Dr. L  |   |                     |              |
| (If name unav               | Hashed letter of Consut-  | adopted for the purpose of transacting be                                       | usiness in Florida) | -            |
|                             |   |   |                     |              |
| (State of cou               | untry under the law of which it is incorporated)  | (FEI number, if applied   | able)               | _            |
| 4. 06/19/2                  | 2015 5. Date of incorporation)  | N/A   |                     | <del>_</del> |
| (1)                         | Date of incorporation)  | (Date of duration, if other than  | ı perpetual)        |              |
| 6. N/A                      |   | ···   |                     | _            |
| ·                           | (Date first transacted business it<br>(SEE SECTIONS 607.1501 & 607.1                          | n Florida, if prior to registration) 502, F.S., to determine penalty liability) |                     |              |
| - 7 CL I                    | •   |   |                     |              |
| /. <u>  31 - 4</u>          | Paul Street, Suite 820, Bul<br>(Princip   | pal office address)   |                     | -            |
| 401 Fas                     | + Jacksn Street, Suite 30<br>(Current maili   | 400 Tampa Fr 33602  | 2019                |              |
| _(0,                        | (Current maili  | ng address, if different)   |                     | _<br>        |
|                             |   |   | ASS.                | 一            |
| 8. Name and $\underline{s}$ | treet address of Florida registered agent: (P.0   | O. Box <u>NOT</u> acceptable)   | olo E               |              |
| Name                        | David Sobelman  |   | HAR 14 AM 9: 30     |              |
| Office Address              | 401 East Jackson Stree  | + Suite 3200  | 30                  |              |
| Office / Ridics.            |   | <u> </u>  |                     |              |
|                             | Tampa (City)  | , Florida <u>334,02</u>   |                     |              |
|                             | (City)  | (Elpredic)  |                     |              |
| •••                         | agent's acceptance:   | ing of annuage for the above stated or  | annanation at the   | a nlee       |
|                             | named as registered agent and to accept serv<br>this application, I hereby accept the appoint |   |                     |              |

ce 1 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.



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: David Sobelman Address: 401 East Jackson Street, Suite 3800 Tampy FL 33602 Vice Chairman: Address: Address: Address: **B. OFFICERS** President: David Sokelman Address: 401 Foot Jackson Street, Suite 3300 Tanpa, FL 33602. Vice President: Address: Secretary: Address: \_\_\_\_ Treasurer: Address: **NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors. THE 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

13. DividE Sokelmin, Presidet / Chairman

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

are true and that he or she is aware that false information submitted in a document to the Department of State constitutes

## STATE OF MARYLAND Department of Assessments and Taxation

I, MICHAEL L. HIGGS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR THE RIGHTS OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM. THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT GENERATION INCOME PROPERTIES, INC. (D16601858). INCORPORATED JUNE 19, 2015, IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL.

ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS MARCH 13, 2019.

Michael L. Higgs

Director



301 West Preston Street, Baltimore, Maryland 21201 Telephone Baltimore Metro (410) 767-1340 / Outside Baltimore Metro (888) 246-5941 MRS (Maryland Relay Service) (800) 735-2258 TT/Voice

Online Certificate Authentication Code: wW4vvnHwwEisJ44aLH\_oMw To verify the Authentication Code, visit http://dat.maryland.gov/verify