Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000080341 3)))



H140000803413ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Eivision of Corporations

Fax Number

: (850)617~6383

From:

Account Name : SUPERBIZ.COM, INC.

Account Number : I20070000160

Phone : (800)494-3124 Fax Number : (561)455~9885

**Enter the email address for this business entity to be used for the annual report mailings. Enter only one email address please

Email Address:

Foreign Limited Liability Company Kleban Fairfield WOS B, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

RECEIVED LAPR-3 PH L: LL

Electronic Filing Menu

Corporate Filing Menu

Help





H14000080341 3

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 FLOR	UDA:				
1, Kleban Fairfield WOS 8, LLC					
(Name of Poreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.,"	יינונמיין				
/If name we wish to a second of the second o		.			
(If name unavailable, onter alternate name adopted for the purpose of transacting business in Florkia. The alternate Liability Company,""L.L.C," or "LLC,")	naine must include "i.	mijed			
2 Delaware 3 NA					
(FEI number, if applicable)					
4 NA	TAL				
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, P.S. to determine permity liability)	≥2 ₹	THE TOTAL			
c/o Kleban Properties, LLC	AND R	4) PENESSES			
	<u>\$</u>	i)n mann			
1499 Post Road, Fairfield, CT 06824					
(Street Address of Principal Office)	1.1.S.1.1.s.				
6. c/o Kleban Properties, LLC	<u> </u>				
1499 Post Road, Fairfield, CT 06824	A .				
(Malling Address)		-			
7. The name, title or capacity and address of the person(s) who has/have authority to a	manage Is/are:				
Kenneth M Kleban, as manager of Kleban Fairfield, LLC	•				
					
sole member of Kleban Fairfield WOS B, LLC at					
1499 Post Road, Fairfield, CT 06824					
8. Attached is an original certificate of existence, no more tipm 90 days old, duly authe					
having custody of records in the jurisdiction under the law of which it is organized. (A acceptable, if the certificate is in a foreign language, a pansiation of the certificate under					
must be submitted)	er oam of the nar	isiawr			
Signature of an authorized person (in accordance with scotten 605.0203, F.S., the execution of this document constitutes an efficient under the possibles of perfu					
am aware that any false information submitted in a document to the Department of State constitutes a little degree falony as provide	lded for in a.817,155, F.S.	,) .)			
Kenneth M Kleban					
Typed or printed name of signce					

CERTIFICATE OF DESIGNATION #1000080341 3 REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 of 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

	of the Limited Liability Company is: Fairfield WOS B, LLC				
If unavailable	, the alternate to be used in the state of F	orlda is:			
2. The name	and the Florida street address of the regis		TALL	F	
	2761 Vista Parkway U		ARASSEE P	APR-3 P	Prophed Carriers Carriers
	Florida Street Address (P.O. B West Palm Beach City/Ste	33411	FLORIDA	PM 4:30	Ü

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes.

(Signature) President

\$ 100.00 Filing Fee for Application
 \$ 25.00 Designation of Registered Agent
 \$ 30.00 Certified Copy (optional)
 \$ 5.00 Certificate of Status (optional)

H140000803413

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "KLEBAN FAIRFIELD WOS B, 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 TWENTY-EIGHTH DAY OF MARCH, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "KLEBAN FAIRFIELD WOS B, LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF MARCH, A.D. 2014.

14 APR -3 PM L: 30
SECRETARY OF STATE
TALL ANASSES FLORIDA

5506065 8300

140395865

You may varify this cartificate online at corp.delaware.gov/authver.shtml

AUTHENTICATION: 1248520

DATE: 03-28-14

H140000803413