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SECRETARY OF STATE

AUG 1 1 2014 T. HAMPTON

COVER LETTER

Division of Corporations
SUBJECT: 7173 Holdings 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 correspondence concerning this matter to the following:
Abraham Shaulson X465 Name of Person
7173 Holdings LLC Firm/Company
10800 Biscayne Boulevard, Suite 600
Miami, FL 33161 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Executive Assistant at 305 B64-9191 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: \$\Begin{array}{c} \$125.00 \text{ Filing Fee} \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF F	
1. 7173 Holdings, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.I	7
(Name of Poreign Limited Liability Company; must inglude "Limited Liability Company," "L.	L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alte Liability Company," "L.L.C," or "LLC.")	ernate name must include "Limited
2. Dejaurare 3.	
2. Unisdiction under the law of which foreign limited liability company is organized) 3. (FEI number, is company is organized)	f applicable)
4. Na	
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	
s. 10800 Biscayne Boulevard, Suite 600	79
Miami, FL 33161 (Street Address of Principal Office)	COLOR MAN
6. saml	ASSE T
VI	FFS &
(Mailing Address)	RIDE OS
7. The name, title or capacity and address of the person(s) who has/have authority	to manage is/are:
Abrahani Shaulson, Manager	
10800 Biscagne Blud, Suite 600	
Milmi, FL 33161	
8. Attached is an original certificate of existence, no more than 90 days old, duly an having custody of records in the jurisdiction under the law of which it is organized acceptable. If the certificate is in a foreign language, a translation of the certificate must be submitted)	. (A photocopy is not
Signature of an authorized person In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of an aware that any false information submitted in a document to the Department of State constitutes a third degree felony as	
Abraham Shaulson	
Typed or printed name of signee	

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 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.

1. The name of the Limited Liability Company is:		
7173 Holdings, LUC		
If unavailable, the alternate to be used in the state of Florida is:		
2. The name and the Florida street address of the registered agent and office are:		
1200 S Pine Island Rd Florida Street Address (P.O. BOX NOT ACCEPTABLE)	14 AUG 1 SECILLIS TALLAHA	in the second
Plantation FL 33324 City/State/Zip	SS - I	a river a
Having been named as registered agent and to accept service of process for the above liability company at the place designated in this certificate, I hereby accept the apportagistered agent and agree to act in this capacity. I further agree to comply with the statutes relating to the proper and complete performance of my duties, and I am fam accept the obligations of my position as registered agent as provided for in Chapter Statutes.	re stated limited intment as provisions of all iliar with and	
Angel Nunez	•	

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

Delaware

PAGE 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "7173 HOLDINGS 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 ELEVENTH DAY OF AUGUST, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "7173 HOLDINGS LLC" WAS FORMED ON THE NINTH DAY OF MAY, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

5531144 8300

141055708

jeffrey W. Bullock, Secretary of State

AUTHENTY CATION: 1609293

DATE: 08-11-14