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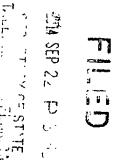
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Certified Copies	Certificates of Status		
Special Instructions to	Filing Officer:		

Office Use Only



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B. BOSTICK
SEP 2 3 2014
EXAMINER

#### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: POLIN Real Estate Croup LLC Name of Limited Liability Company	
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificat Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida,	e of rida.
Please return all correspondence concerning this matter to the following:	
Patricia Lindo Name of Person	
Polin Roal Estate Goodp. LeLe Firm/Company	
4040 NW 1ST LW Address	
De RAY Beach Fl. 33445 City/State and Zip Code	
Polin 40 @ Aol, Com  E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Patricia Lincle at (561) 716-6185  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 Tallahassee, FL 32301	7
Enclosed is a check for the following amount:  2 \$125.00 Filing Fee	

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FULLOW FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STAT	
1. Polin Real Estate Group, LCC  (Name of Foreign Limited Liability Company, must include "Limited Liability Company)	
(Name of Foreign Limited Liability Company, must include "Limited Liability Company	ny," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. Liability Company," "L.L.C." or "LLC.")	The alternate name must include "Limited
2. New Control (Jurisdiction under the law of which foreign limited liability company is organized)  3. (FEI not company is organized)	umber, if applicable)
4. Sept 15 2014  (Date first transacted business in Florida, if prior to registration (See sections 605.0904 & 605.0905, F.S. to determine penalty liab	ı.) vility)
5. 4730 South Fort Apache	Suite 300
Las Vagas Nevada 89147 (Street Address of Principal Office)	
6	5-1 2 1/2 1/8
	S - 1
(Mailing Address)	C Comme
7. The name, title or capacity and address of the person(s) who has/have au	
Postricia Lindo (Managex) Tamara	ROBERTSON O
Manager	्रिम 🔑
4040 NW IST LN DOLRAY BOCK	Fl. 33445
8. Attached is an original certificate of existence, no more than 90 days old, 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 be submitted)	anized. (A photocopy is not
Papiera dench	
Signature of an authorized person (In accordance with section 605.0203, F.S., the execution of his document constitutes an affirmation under the peam aware that any false information submitted in a document to the Department of State constitutes a third degree	
PATRICIA LINDO	
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:			
Polin Real Estate Croup LLC.			
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:	: '	HIN SEP	
Business Filings Incorporated		22	}
(Name)		U	
515 E. Park Avenue	STIT	Ç.	
Florida Street Address (P.O. Box NOT ACCEPTABLE)	- <del></del>	- '	
Tallahassee FL 32301			
City/State/Zip			

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)

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

SECRETARY OF STATE



### CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **POLIN REAL ESTATE GROUP, LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since July 10, 2014, and is in good standing in this state.



Electronic Certificate
Certificate Number: C20140804-3606
You may verify this electronic certificate
online at http://www.nvsos.gov/

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on August 4, 2014.

ROSS MILLER Secretary of State