4/13/2015 12:14:08 PM From: To: 8506176383(1/5)

Division of Corporations

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S. YOUNG

4/13/2015 12:14:08 PM From: To: 8506176383(2/5)

TO: Registration Section Division of Corporations SUBJECT: 211 JUNGLE ROAD LKE, LLC Name of Limited Liability Company The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida." Centex is the enclosed are submitted to register the above referenced foreign limited liability company to transact business in Please return all correspondence concerning this matter to the following: KALMAN VIDOMLANSKI Name of Ferson	•		COVER LETTER	
Name of Limited Liability Company The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida." Cert Ensistence, and check are submitted to register the above referenced foreign limited liability company to transact business in Please return all correspondence concerning this matter to the following: KALMAN VIDOMLANSKI				
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Name of Person L. JAKES, LLC Finn/Company Po BOX 805 Address NEW YORK, NY 10150 City/State and Zip Code KALMAN@SMITHNYC.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: KALMAN VIDOMLANSKI Ut (646 Name of Contact Person MAILING ADDRESS: STREET ADDRESS; STREET ADDRESS;		Nam	ne of Limited Liability Company	
Name of Person L. JAKES, LLC Finn/Company PO BOX 805 Address NEW YORK, NY 10150 City/State and Zip Code KALMAN@SMITHNYC.COM F-mail address: (to be used for future annual report nutification) or further information concerning this matter, please call: KALMAN VIDOMLANSKI Name of Contact Person MAILING ADDRESS: STREET ADDRESS:	The enclosed "Applica Existence, and check a	tion by Foreign Limited Liab re submitted to register the a	billty Company for Authorization to Transact Business in Flori above referenced foreign limited liability company to transact b	ida," Certific jusiness in Fl
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L. JAKES, LLC Finn/Company PO BOX 805 Address NEW YORK, NY 10150 City/State and Zip Code KALMAN@SMITHNYC.COM E-mail address: (to be used for future annual report notification) or further information concerning this matter, please call: KALMAN VIDOMLANSKI Name of Contact Person Area Code Daytine Telephone Number MAILING ADDRESS: STREET ADDRESS:	KAL	MAN VIDOMLANSKI		
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PO BOX 805 Address NEW YORK, NY 10150 City/State and Zip Code KALMAN@SMITHNYC.COM F-mail address: (to be used for future annual report notification) for further information concerning this matter, please call: KALMAN VIDOMLANSKI ut (646) 779-4400 Name of Contact Person Name of Contact Person MAILING ADDRESS: STREET ADDRESS:	L. JA	KES, LLC		
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KALMAN@SMITHNYC.COM F-mail address: (to be used for future annual report notification) or further information concerning this matter, please call: KALMAN VIDOMLANSKI Ut (646) 779-4400 Name of Contact Person Area Code Daytime Telephone Number MAILING ADDRESS: STREET ADDRESS;	NEW	YORK, NY 10150		
E-mail address: (to be used for future annual report notification) or further information concerning this matter, please call: KALMAN VIDOMLANSK1	<u></u>		City/State and Zip Code	
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Division of Corporations Registration Section P.O. Box 6327 Clifton Building Tallahassee, FL 32314 Clifton Building Tallahassee, FL 32301	Division of Co Registration S P.O. Box 632	orporations ection 7	Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle	

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 FLORIDA:

1. 211 JUNGLE ROAD LKE, LLC	
(Name of Foreign Limited Liability Company; must include 'Limited Liability Company," 'L.I., C., 'or	"(J.C.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate na Liability Company," "L.L.C." or "LLC.")	me must include "Limited
2 DELAWARE 3	
(Jurisdiction under the law of which foreign limited liability (Fill number, if applica company is organized)	ble)
4, N/A	
(Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability)	
5. c/o KOCHMAN & ZISKA PLC, 222 LAKEVIEW AVENUE - SUITE 1500	
WEST PALM BEACH, FL 13401	
(Street Address of Principal Office)	
6. COL JAKES, LLC - PO BOX 805	
NEW YORK, NY 10150	
(Mailing Address)	
7. The name, title or capacity and address of the person(s) who has/have authority to mi	inage is/are:
L. JAKES, LLC - MANAGING MEMBER	<u> </u>
PO BOX 805	
NEW YORK, NY 10150	
8. Attached is an original certificate of existence, no more than 90 days old, duly authors having custody of records in the jurisdiction under the law of which it is organized. (A pacceptable. If the certificate is in a foreign language, a translation of the certificate under must be submitted)	hotocopy 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 perjury am aware that any false information submitted in a document to the Department of State constitutes a third degree fetous as provide	
KALMAN VIDOMLANSKI	_
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.

If unavailabl	le, the alternate to be used	in the state of Florida is:			
2. The name	e and the Florida street add	lress of the registered agent and office an	e:		
	C T Corporation System		Tio		
		(Name)		យា	
	1200 South Pine Island Ro	pad	* 34 P	35	-ī
	Florida Stre	et Address (P.O. Box NOT ACCEPTABLE)		$\tilde{\omega}$	\
	Plantution	FL 33324		3	1
		City/State/Zip	· (2) [2] (7)	7.0 %	
liability com registered og statutes relat	pany at the place designate gent and agree to act in this ting to the proper and comp	and to accept service of process for the a d in this certificate, I hereby accept the a capacity. I further agree to comply with dete performance of my duties, and I am j registered agent as provided for in Chap	ppointment as the provisions of all familiar with and		

By: CT Corporation System Coning Base (COMMO 1940)

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

Statutes.

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "211 JUNGLE ROAD LKE, 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 NINTH DAY OF APRIL, A.D. 2015.

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

8300

AUTHENTICATION: 2278998

DATE: 04-09-15