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EXAMINER:

CONTACT PERSON: Lydia Cohen -- EXT# 62974

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJI	ECT: 2534 MOYSE, LLC Name of Limited Liability Company
	closed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of ince, 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:
	Rachel Davidson
	Name of Person
	Jonathan Bernstein Consulting Cap.
	5070 PGA Blvd., Suite 20+
	Palm Beach Gardens, FL 33418 City/State and Zip Code
	E-mail address: (to be used for future annual report hotification)
For furt	ther information concerning this matter, please call:
	Name of Contact Person at (501) 249-6368 Daytime Telephone Number
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclos	sed is a check for the following amount: \$\Boxed{\text{State} is a check for the following amount:} \Boxed{\text{State} \$\\$130.00 Filing Fee & Boxed \$155.00 Filing Fee & Boxed \$160.00 Filing Fee, Certificate Certificate

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

	APLIANCE WITH SECTION 605.0902, F			
POREIC	in limited liability company to 2534 MOYSE		THE STATE OF FLORE	IDA:
l	(Name of Foreign Limited Liability Compa		bility Company," "L.L.C.," o	or "LLC.")
(If name u Liability (inavailable, enter alternate name adopted for the Company," "L L C," or "LLC.")	purpose of transacting busine	ss in Florida. The alternate n	name must include "Limited
2.	Delaware	3		
(Jurisdi	ction under the law of which foreign limited lia iny is organized)	bility	(FEI number, if applic	cable)
4.	n	ila	,	
	(Date first transacte (See sections 605.0904	d business in Florida, if prior t 4 & 605.0905, F.S. to determin	o registration.) ne penalty liability)	
5	5070 PGA BL	d. Suite 20	+	ASS T
	Palm Beach Go	irdens. FL 3	37418	The state of the s
		Street Address of Principal Off	ice)	177
6	Salvie at	s above		A 3 0
				LORAL OF
		(Mailing Address)		Om P
7. The	name, title or capacity and address	of the person(s) who ha	as/have authority to m	nanage is/are:
Jor	nathan Bernstein	- managing 1	Member	
5070	PGA Blvd. Ste 204 Palm beac	()		
8. Attac	hed is an original certificate of exist	tence, no more than 90	days old, duly authen	ticated by the official
having o	custody of records in the jurisdiction	under the law of whic	h it is organized. (A p	photocopy is not
	ole. If the certificate is in a foreign land submitted)	anguage, a translation of	of the certificate under	r oath of the translator
	, 	Jan Co Villa		
		XIMUVIULE	7	<u> </u>
in accordan	Sign ice with section 605,0203, F.S., the execution of this at any false information submitted in a document to	lecture of an authorized document constitutes an affirmation of State constitutes	on under the penalties of perjury	y that the facts stated herein are true, I led for in \$ 817 155, F.S.)
		auren Goier	-1.1	··· · · · · · · · · · · · · · · ·
		or printed name of sig		

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.

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.

By: Signardre)

\$ 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 "2534 MORSE, 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 EIGHTH DAY OF MAY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "2534 MORSE, LLC" WAS FORMED ON THE FIFTH DAY OF MAY, A.D. 2015.

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

5741099 8300

150640046

Jeffrey W Bullock, Secretary of State

AUTHENTICATION: 2361345

DATE: 05-08-15

You may verify this certificate online at corp.delaware.gov/authver.shtml