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2015 AUG 20 PM 2: 13 SECRETARY OF STATE FALLAHASSEE, FI OBIE

K.SALY EXAMINER AUG 21 2015

COVER LETTER

Registration Section

TO:

Divisi	ion of Corporation	ons ,				
SUBJECT: _	South	ern Passa	ige LL	C		
		Nam	e of Limited Liability	Company		
					ansact Business in Florida," Cert y company to transact business i	
Please return a	II correspondence	concerning this matter to	o the following:			
	BR	IAN BASI	KiN			
			Name of Person			
	<u></u>	othern P	assage L	LC		
			Firm/Company			
	_38	Stewart	Dr.			
			Address			
	Roc	nester	City/State and Zip Code	462-	1	
		C	City/State and Zip Code	;		
	_SAIL	PLAN 60 (E-mail address: (to be	O YA HOO, Co	om	rification)	
For further info		ng this matter, please cal		report not	in earlony	
		ng mas master, produce our				
آئے	BRIAN J. Name	BASKIN of Contact Person	at (585 Area Code) <u>25</u>	11-9030	
MAII	LING ADDRESS ion of Corporation	<u>:</u>		STREET	Γ ADDRESS:	
Regist	tration Section	ıs			of Corporations ion Section	
	Box 6327 nassee, FL 32314			Clifton B	uilding ecutive Center Circle	
* 641641	1 D D D 1 T				see, FL 32301	
Enclosed is a cl	heck for the follov					
□ \$12	25.00 Filing Fee	\$130.00 Filing Fee Certificate of Status	& \$155.00 Filis Certified Copy		□ \$160.00 Filing Fee, Certification of Status & Certified Copy	cate

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:

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
PASSAGE Southern LLC
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.")
2 Delaware 3 47-2081424
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. BRIAN BASKIN C/O SOUTHERN PASSAGE LLC = =
110 3rd St. South St. Pete, FL 33701 F. Street Address of Principal Office) BRIAN BASKIN C/O SONTHERN PASSAGE LLC BRIAN BASKIN C/O SONTHERN PASSAGE LLC
6 BRIAN BASKIN C/O SONTHERN PASSAGE LLC SE B
38 Stewart Daive Rochester, NY 14624 POSE TO SEE TO
7. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)
Name: BRIAN BASKIN
Office Address: 1110 3 Rd St. South
St. Pete ,Florida 33701
(City) (Zip code)
Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.
- RaiAW RASKIN
(Registered agent's signature)
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
BRIAN BASKIN MANAger of Southern PASSAge LLC
1110 3 Rd St 500th
St. Pete, FL 33701
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)
Signature of an authorized person
Signature of an authorized person
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.
BRIAN BASKIN

Typed or printed name of signee

Delaware

PAGE 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "SOUTHERN PASSAGE 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 EIGHTEENTH DAY OF AUGUST, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SOUTHERN PASSAGE LLC" WAS FORMED ON THE THIRTEENTH DAY OF OCTOBER, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

2015 AUG 20 PM 2: 13
SECRETARY OF STATE

5620337 8300

151185721

Jeffrey W. Bullock, Secretary of State

AUTHENTICATION: 2655137

DATE: 08-18-15

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