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	Address)		
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OCT 21 2015 J SHIVERS

$SUNSHINE \ {\it corporate \& filing services, inc.}$

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724

COVER LETTER				
DATE: 10-20-15				
WALK IN				
NAME: MEHODOWITZ LLC				
(NAME AVAILABLE? Yes CORRECT FORM? Yes)				
PLEASE FILE THE ATTACHED AND RETURN:				
PLAIN COPY CERTIFIED COPY				
CHECK # 2006 AMOUNT: [55				
PLEASE CONTACT TINA AT 850-508-1891 WITH ANY QUESTIONS OR CORRECTIONS!				
THANK YOU!				

TINA GOFF, PRESIDENT SUNSHINE CORPORATE & FILING SERVICES, INC.

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 TOTEANS ACT BY ISLINESS. IN THE STATE OF BY ORDAY

MEHorowitz LLC	MINESS IN THE STATE OF PLORIDA:	
(Name of Fore	gn Limited Liability Company; must include "Limited Liability Co	ompany," "L.L.C.;" or "LLC.")
Liability Company," "L.L.C,"	emate name adopted for the purpose of transacting business in Flo or "LLC.")	rida. The alternate name must include "Limited
2. Delaware	3	
(Jurisdiction under the law company is organized)	of which foreign limited flability (FEI	number, if applicable)
4 Upon f	ling	
	(Date first transacted business in Plorida, if prior to registr (See sections 605.0904 & 605.0905, F.S. to determine penalt	ation,) y linblity)
5. 6075 Pelican Bay Boul	evard # PH-A	
Naples, Florida 34108		
•	(Street Address of Principal Office)	
6. 6075 Pelican Bay Boul	vard #PH-A	
Naples, Florida 34108	•	
	(Malling Address)	
7. Name and street addres	of Plorida registered agent: (P.O. Box NOT acceptable)	
Name:	Michael Horowitz	
Office Address;	6075 Pelican Bay Boulevard # PH-A	
	Naples Flo	pida 34108
	(City)	rida 34108 (Zlp code)
designated in this applicate to complywith the provision	gistered agent and to accept service of process for the abovion, I hereby accept the appointment as registered agent a ons of all statutes relative to the proper and complete perfony position as registered agent. (Registered agent's signature)	nd agree to act in this capacity. I further agre
	(weding of along a selection)	SSN 72
8. The name, title or capa	city and address of the person(s) who has/have authority to	manage Is/are;
Michael Horowitz, Mana	191	
6075 Pelican Bay Boulev	ard #PH-A	
Naples, Florida 34108		10 A
	of existence, no more than 90 days old, duly authenticated bof which it is organized. (If the certificate is in a foreign langularitied)	
	Signature of an authorized person	
	in accordance with section 605.0203 (1) (b), Florida Statute the Department of State constitutes a third degree felony as	
	Michael Horowitz	

Typed or printed name of signee

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "MEHOROWITZ 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 TWENTIETH DAY OF OCTOBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MEHOROWITZ LLC"

WAS FORMED ON THE NINETEENTH DAY OF OCTOBER, A.D. 2015.

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

15 OCT 20 AM 7: OF SECRETARY OF STATE TALLAHASSEE, FLORING



Authentication: 10264326

Date: 10-20-15

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