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J SHIVERS



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 23, 2015

FLORIDA FILING SEARCH SERVICES INC

SUBJECT: NORTH BAY HOLDINGS, LLC

Ref. Number: W15000070265

We have received your document for NORTH BAY HOLDINGS, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 515A00022449

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

10/22/15

NAME:

NORTH BAY HOLDINGS, LLC

TYPE OF FILING: APPLICATION

COST:

155.00

RETURN: CERTIFIED COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

SUBJECT The enclos	sed "Application by For	-				
The enclos		Name of				
The enclos			Limited Liability C	ompany		
Existence,	and check are submitte				insact Business in Florida," Certi company to transact business in	
Please retu	ern all correspondence of	concerning this matter to the	following:			
	Karen T. Rodri	guçz				
	** ***********************************	N	ame of Person		A 64-11 - 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	
	Triad Professio	nal Services				
		F	irm/Company			
	1720 Windward	d Parkway, S. 390				
			Address			
	Alpharetta, GA	30005				
		City/S	itate and Zip Code		· · · · · · · · · · · · · · · · · · ·	
	rgagne@jestais.c	com				
		E-mail address: (to be use	d for future annual	report not	ification)	
For further	r information concernin	g this matter, please call:				
K	aren Rodriguez		770 at (777-20	91	
	Name o	of Contact Person	Area Code	Day	rtime 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 2661 Executive Center Circle				
				Tallahass	see, FL 32301	
	s a check for the follow I \$125.00 Filing Fee	ing amount: □ \$130.00 Filing Fee & Certificate of Status	■ \$155.00 Filin Certified Copy	g Fce &	□ \$160.00 Filing Fee, Certific of Status & Certified Copy	ate

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

IN COMPLIANCE WITH SECTION 608/0202, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREICN LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

NORTH BAY	VILLAGE HOLDINGS, LLC right Limited Liability Company," "L. L. C.," or "LLC.")
(If name unavailable, enter al Liability Company," "L.L.C."	ternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited" or "LLC.")
2. Delaware	47-5321745
	of which foreign limited liability (FEI number, it applicable)
4, upon qualification	
	(Date first translated business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 755 Berri Street, Suite	
Montreal, Quebec, Can	
6. 755 Berri Street, Suite	(Street Address of Principal Office) 200
Montreal, Quebee, Can	nado H2Y 3F5
	(Morling Address)
7. Name and street address	ss of Florida registered agent: (P.O. Rox NOT acceptable)
Name:	CT Corporation System
Office Address:	1200 South Pine Island Road
	Plantation Florida 33324
	(City) (Zip code)
designated in this applica to complywith the provisi.	rgistered agent and to accept service of process for the above stated limited liability company at the place withon, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree with statutes relative to the proper and complete performance of my duties, and I am familiar with and my position as registered agent.
	(Registered agent's signature)
8. The name, title or capa	acity and address of the person(s) who has/have authority to manage is/are:
Elliott Aintabi, Member.	755 Berri Street, Suite 200, Montreal, Quebec, Canada H2Y 3E5
	70 3
	C 40 m
9. Attached is a certificate jurisdiction under the law of the translator must be s	of existence, no more than 90 days old, duly authenticated by the official having custody of records in the of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath abmitted) Sugnande of anihorized person
	d in accordance with section 605.0203 (1) (b), Florida Statutes, Lam aware that any false information of the Department of State constitutes a third degree felony as provided for in \$.817.155, F.S.
	Ellion Aintabi

Typed or printed name of signee

<u>Delaware</u>

Page 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "NORTH BAY VILLAGE HOLDINGS, 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 TWENTY-SEVENTH DAY OF OCTOBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NORTH BAY

VILLAGE HOLDINGS, LLC" WAS FORMED ON THE FOURTEENTH DAY OF OCTOBER,

A.D. 2015.

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

SECRETARY OF STATE

e at corn delaware gov/aut

Authentication: 10304470

Date: 10-27-15

5850712 8300 SR# 20150653454

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