

Florida Depártment of State Division of Corporations Electronic Filing Cover Sheet

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To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : GREENSPOON MARDER, P.A. Account Number : 076064003722 Phone : (868)491-1120 Fax Number : (954)343-6962

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. Email Address: ____lubeck@elrhinvestments.com

Foreign Limited Liability Company 2015 **Robbins ELRH Bentley LLC** NON Certificate of Status 1 Certified Copy 1 $\overline{\omega}$ 01 Page Count \$160.00 \mathcal{P} Estimated Charge တ္ 29

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Corporate Filing Menu

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APPLICATION BY	Foreign limited liability co in f	MPANY FOR AUTRORIZATIO TORIDA	ON TO TRANSACT BUSINESS
	ECTION 603.0902, FLORIDA STATUTES, THE BUSINESS IN THE STATE OF FLORIDA;	FOLLOWING IS SUBMITTED TO REGI	ISTER A FOREIÓN LIMITED LIABLITY
1. Robbins ELRH Benf	•		
(Name of re	oreign Limited Liability Company; must incl	ide "Limited Liability Company," "L.L	"C.," or "LLC,")
(If name unavailable, enter Liability Company," "L.L.	" alternate name adapted for the purpose of tr	ansacting business in Florida. The alter	mate name must include "Limited
2. Delaware		47-5527415	
(Jurisdiction under the la company is organized)	w of which foreign limited liability	(FEI number, if ap	plicable)
4			
,	(Date first transacted business in) (See sections 605.0904 & 605.0903,	forids, if prior to registration.) F.S. to determine penalty lishility)	
5. 11911 Olades Road,	Suite 204		
North Paim Beach; F	<u> </u>		-1
 1)911 Glades Road, 3 	(Street Address of Princi Suite 204	al Office)	
C			20 CARETA
North Palm Beach, F	L 33408 (Mailing Addre	R9)	
7 Name and creat add	coss of Florida registered agent: (P.O. Bi	•	
Name:	Joseph G. Lubeck		
Offlee Address	11911 Glades Road, Suite 204		STA 8
(race Address	North Palm Beach	, Plorida 33408	RIDE 2
	(Ciry)	(Zip o	'S'' A
this opplication, I hereb with the provisions of a	epismee: registered agent and to accept service a y accept the appointment as registered it statutes relative to the proper and con soliton as registered agent.	agent and agree to act in this capa	acity. I further agree to comply
	(Registered)	igent's etghanure)	
8. The name, title or ca	pacity and address of the person(s) who	has/have authority to manage is/an	Ð;
Joseph G. Lubeck, Man	ager, 11911 US Highway 1, Suite 204, 1	North Palm Beach, FL 33408	
		·	
9. Attached is a certifica	le of existence, no more than 50 days of	d, duly authenticated by the official	having custody of records in the
jurisdiction under the lay	w of which it is organized. (If the certific		
of the translator must be	evolutiev)		
	Signature of en	authorized person	
	ed in accordance with section 605.0203		
	to the bepartment of date constitutes a		
	Joseph G. Lubeck		

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Delaware The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ROBBINS ELRH BENTLEY 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 SIXTH DAY OF NOVEMBER, A.D. 2015.

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



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