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## Foreign Limited Liability Company 4649 BUILDING, LLC

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## 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;

, 4649 BUILDING, LLC	2					
(Name of For	eign Limited Liability	Company; must include "Lim	ited Liability Company," "L.L.C.," or "	'LLC.")	,	
(If name unavailable, enter a Liability Company," "L.L.C,		for the purpose of transacting	business in Florida. The alternate name	e must includ	ic 'Limite	d
2 DELAWARE	, 0. 4.0. )	3. N/A		•		
(Jurisdiction under the law company is organized)	3		(FEI number, if applicable)			
4. UPON QUALIFICAT						
		ansacted business in Florida, if 05.0904 & 605.0905, F.S. to d				
5. 425 W. 41ST STREET	<b>r</b>					
MIAMI BEACH, FLO	RIDA 33140					
	•	cct Address of Principal Office	)	•		-
6. P.O. BOX 6481, SURF	SIDE, FLORIDA 3	13154		,		
		(Mailing Address)				
7. Name and street addres	is of Florida register	red agent: (P.O. Box <u>NOT</u>	acceptable)			
Name:	CF REGISTERED	D AGENT, INC.		i i		
Office Address:	100 S ASHLEY D	DRIVE, SUITE 400		Po-	, c	ภ
<b>VV</b> V <b>U</b>	TAMPA		, Florida 33602	7.6 1.0	AAN	
		(City)	(Zip code)	(0)		، د د
designoted in this applica	gistered agent and t tion, I hereby accep	pt the appointment as regis	for the above stated limited liabilitered agent and agree to act in this	s capacity. 🛚	i juriner	agree .
to camplywith the provish accept the obligations of t			implete performance of my duties,	ana i um ji	mutala v	Ten und
• •	· .	(ma) canth	į.		7	٠
Elaina I	Sodhi	(Registered agent's sig	mature) Authorized Person	ı		
8. The name, title or caps	noity and address of	the person(s) who has/have	authority to manage is/are:			
RIMMON MANAGEME						
425 W. 41ST STREET, M	NAMI BEACH, FLO	ORIDA 33140	,			
Mailing Address: P.O. Bo	x 6481, Surfside, Fle	lorida 33154				
			<del></del>			
9. Attached is a certificate	of existence, no more	ore than 90 days old, duly au	thenticated by the official having c a foreign language, a translation of	ustody of re the certifica	icords in t ite under i	ihe oath
of the translator must be st	ibmitted)	i i	a recorder recorder a management and			• • • • • • • • • • • • • • • • • • • •
В	y: /	thus				
	a E. Nevarez	Signature of an authorized	d person			
This document is executed submitted in a document to	in accordance with the Department of S	section 605.0203 (1) (b), Fi State constitutes a third deg	lorida Statutes. I am aware that any ree felony as provided for in s.817.	false inform 155, F.S.	nation	
•		nent LLC, Manager, By: Al				

Typed or printed name of signee

## Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "4649 BUILDING, 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 NINTH DAY OF DECEMBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "4649 BUILDING, LLC" WAS FORMED ON THE EIGHTH DAY OF DECEMBER, A.D. 2015.

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

Authentication: 10575415

Date: 12-09-15