## M16000000082

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2016 JAN 26 AM 9: 31

TO JEE 26 MILLS TO

JAN 27 2016 J. HARRIS CORPORATION SERVICE COMPANY
1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE: 970422 4336482

AUTHORIZATION : Oxpublication

COST LIMIT : \$ 125.00

ORDER DATE: January 25, 2016

ORDER TIME : 10:23 AM

ORDER NO. : 970422-005

CUSTOMER NO: 4336482

#### FOREIGN FILINGS

NAME: WELLINGTON RESIDENTIAL LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER:

#### COVER LETTER

TO:	Registration Section Division of Corporation	ins						
SUBJE		ESIDENTIAL LLC						
		Name of I	Limited Liability Con	ралу				
					nsact Business in Florids," Cer company to transact business			
Please 1	eturn all correspondence	concerning this matter to the	following:					
	Robyn Tuerk,	Esq.						
	· · · · · · · · · · · · · · · · · · ·	i. Ni	ame of Person		<u> </u>			
Philips International								
	Firm/Company							
	295 Madison Avenue, 2nd Floor							
Address								
	New York, New York 10017							
	<del>, , , , , , , , , , , , , , , , , , , </del>	City/S	tate and Zip Code					
	mpagnotta@pil	ic.com						
	8	E-mail address: (to be used	d for future annual re	port not	fication)			
For furt	her information concerni	ng this matter, please call:						
	Robyn Tuerk		212 at ( · )	951-380				
	Name	of Contact Person	Area Code	Day	time Telephone Number			
MAILING ADDRESS:					ADDRESS:			
	Division of Corporation	Division of Corporations						
Registration Section			Registration Section					
P.O. Box 6327			Clifton Building					
	Taliahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301						
Enclose	ed is a check for the follo	wing amount:						
	☐ \$125.00 Filing Fee ☐ \$130.00 Filing Certificate of St				☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy			

### 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 TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

New York, New York 10017  (Mailing Address)  7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Corporation Service Company  Office Address:  Tallahassee  (City)  Registered agent's acceptance:  Having been named as registered agent and to accept service of process for the above stated limited liability company 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 complywith 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 pastion as registered agent and agree to act in this capacity. I further agree to complywith 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 pastion as registered agent.  Sortypical Company  Judith Reyes  (Registered agent's signature)  Assistant Secretary  8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  Philip Pilevsky, Author 2cd Reson, 295 Madison Arc, 2 fl., Ny ny 10017  Michael Pilevsky, Author 2cd Reson, 295 Madison Arc, 2 fl., Ny ny 10017  Seth Pilevsky, Author 2cd Reson, 295 Madison Arc, 2 fl., Ny ny 10017  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)  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.	, WELLINGTON RESI			
Liability Company, "L.L.C," or	(Name of Fore	ign Limited Liability Company; must include "Limited Liabil	lity Company," "L.L.C.," or "LLC.")	
Costs first transacted business in Florida, if prior to registeration, (See sections 05:1984 & 603.0905, F.S. to determine possity liability)   Costs first transacted business in Florida, if prior to registeration, (See sections 05:1984 & 603.0905, F.S. to determine possity liability)   New York, New York 10017	(If name unavailable, enter at Liability Company," "L.L.C,	ternate name adopted for the purpose of transacting business or "LLC.")	in Florida. The alternate name must in	clude "Limited
Costs first transacted business in Florida, if prior to registeration, (See sections 05:1984 & 603.0905, F.S. to determine possity liability)   Costs first transacted business in Florida, if prior to registeration, (See sections 05:1984 & 603.0905, F.S. to determine possity liability)   New York, New York 10017	2 Delaware	3 pending		
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)  5. 295 Madison Avenue, 2nd Floor  New York, New York 10017  (Sirect Address of Principal Office)  New York, New York 10017  (Mailing Address)  7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Corporation Service Company  Office Address:  1201 Hays Street  Tallahassee  (City)  Registered agent's acceptance:  (City)  (Cip code)  Registered agent's acceptance:  (City)  Registered agent and agree to act in this capacity. I further agree to complywith the provisions of all statutes relative to the proper and complete performance of my duttes, and I am familiar with and accept the obligations of my statutes relative to the proper and complete performance of my duttes, and I am familiar with and accept the obligations of my statutes relative to the proper and complete performance of my duttes, and I am familiar with and accept the obligations of my statutes and address of the person(s) who has/have authority to manage is/are:  Philip Pilevsky, Authors and Registered agent and statutes acceptance of my statutes and particular to my provided for in s. 817.155, F.S.	(Jurisdiction under the law	of which foreign limited liability	(FEI number, if applicable)	
New York, New York 10017  (Street Address of Principal Office)  New York, New York 10017  (Mailing Address)  Name: Corporation Service Company  Office Address: 1201 Hays Street  Tallahassee  (City)  Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company 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 complywith 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 authors are registered agent and complete performance of my duties, and I am familiar with and accept the obligations of my authors are registered agent. I further agree to complywith 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 authors are gastered agent. In this capacity. I further agree to complywith 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 authors are familiar with and accept the obligations of my duties, and I am familiar with and accept the obligations of my duties, and I am familiar with and accept the obligations of my duties, and I am familiar with and accept the obligations of my duties, and I am familiar with and accept the obligations of my duties, and I am familiar with and accept the obligations of my duties, and I am familiar with and accept the obligations of my duties, and I am familiar with and accept the obligations of my duties, and I am familiar with and accept the obligations of my duties, and I am familiar with and accept the obligations of my duties, and I am familiar with and accept the obligations of my duties, and I am familiar with and accept the obligations of my duties, and I am familiar with and accept the obligations of my du	4	(Date first transacted business in Florida, if prior to r	egistration.)	
(Street Address of Principal Office)  New York, New York 10017  (Mailing Address)  7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Corporation Service Company  Office Address:  Tallahassee  (City)  Registered agent's acceptance:  Having been named as registered agent and to accept service of process for the above stated limited liability company 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 complywith 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's signature)  8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  Philip Pilevsky, Author 2cd from 2.95 Madrison Are 2.1 F1, Ny Ny 1.0017  Michael Pilevsky, Author 3cd from 2.95 Madrison Are 2.1 F1, Ny Ny 1.0017  Seth Pilevsky, Author 3cd from 2.95 Madrison Are 2.1 F1, Ny Ny 1.0017  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 osth of the translator must be submitted)  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.	5. 295 Madison Avenue,	•	penatty liability)	
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7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Corporation Service Company  1201 Hays Street  Tallahassee  (City)  (City)  (City)  (City)  (City)  Registered agent's acceptance:  (City)	New York, New York	10017		26
Name:  Office Address:  Tallahassee  (City)  Registered agent's acceptance:  Having been named as registered agent and to accept service of process for the above stated limited liability company 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 complywith 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 nor Pasition as registered agent.  Corporation Service Cottpony  Judith Reyes  Registered agent's signature)  Assistant Secretary  8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  Philip Pilevsky, Authorized Reson, 295 Madison Are, 24 Fl., Ny Ny 10017  Michael Pilevsky, Authorized Reson, 295 Madison Are, 24 Fl., Ny Ny 10017  Seth Pilevsky, Authorized Reson, 295 Madison Are, 24 Fl., Ny Ny 10017  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)  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.	·	(Mailing Address)	· · · · · · · · · · · · · · · · · · ·	
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Philip Pilevsky, Authorized Person, 295 Madison Are, 2nd Fl., Ny ny 10017  Michael Pilevsky, Authorized Person, 295 Madison Are, 2nd Fl., Ny ny 10017  Seth Pilevsky, Authorized Person, 295 Madison Are, 2nd Fl., ny ny 10017  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)  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.		(Registered agent's signature)	Assistant Secr	etary
Philip Pilevsky, Authorized Person, 295 Madison Are, 2nd Fl., Ny ny 10017  Michael Pilevsky, Authorized Person, 295 Madison Are, 2nd Fl., Ny ny 10017  Seth Pilevsky, Authorized Person, 295 Madison Are, 2nd Fl., ny ny 10017  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)  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.	8. The name, title or cap	acity and address of the person(s) who has/have authori	ity to manage is/are:	
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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  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.				
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	This document is execute	d in accordance with section 605.0203 (1) (b), Florida S	Statutes. I am aware that any false i	nformation S
	Seminatora in a document (	Robyn Tuerk, Esq.	and an biodinion tot minimize the fi	

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 "WELLINGTON RESIDENTIAL 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-FIFTH DAY OF JANUARY, A.D. 2016.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

Authentication: 201722217

Date: 01-25-16

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