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☐ PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
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\ \psi_h, \N	16-4680	

Office Use Only

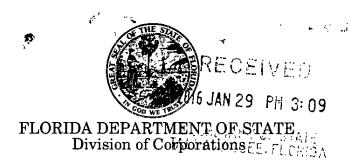


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16 JAN 21 PN 4 40
SECRETARY OF STATE
ALLASIAN SECRETARY

FEB 01 2016 S. YOUNG



January 22, 2016

AMNON BENSIMON 975 N MIAMI BEACH BLVD MIAMI, FL 33162

SUBJECT: ASSURE PROPERTIES, LLC

Ref. Number: W16000004680

We have received your document for ASSURE PROPERTIES, LLC and your check(s) totaling \$260.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return 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.

Shelia H Young Regulatory Specialist II

Letter Number: 616A00001487

COVER LETTER

TO:		ration Section on of Corporation	s				
SÚBJE		ssure Properties, L					
-				Limited Liability (Company		
			eign Limited Liability Com I to register the above refet				
Please	return all	correspondence c	oncerning this matter to the	e following:			
		Amnon Bensim	on				
Name of Person							
Firm/Company							
		975 N. Miami E	leach Blvd				
				Address		п	
Miami, FL 33162							
			City/9	State and Zip Code			0
		mhankin@realwa					复置
		-12-212	E-mail address: (to be use	ed for future annua	l report noti	ification)	2 1
For furt	ther info	rmation concerning	this matter, please call:				
	Moshe	e Hankin		786 at (2385502	2	67 5
		Name of	Contact Person	Area Code	Dayı	time Telephone	Number
	Division Registr P.O. B	ING ADDRESS: on of Corporations ration Section ox 6327 assee, FL 32314			Division of Registration Clifton Bu 2661 Exec	ADDRESS: of Corporations on Section uilding cutive Center C ee, FL 32301	
Enclose		eck for the followi 5.00 Filing Fee	ng amount: \$\Boxed{\Boxes} \$130.00 \text{ Filing Fee & Certificate of Status}\$	□ \$155.00 Filin Certified Copy		□ \$160.00 Fi of Status & C	ling Fee, Certificate ertified 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 TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	eign Limited Liability Company; must inclu	ide "Limited Liability Company," "L.L.C.," or	"LLC.")
·			
If name unavailable, enter a liability Company," "L.L.C,		ansacting business in Florida. The alternate nar	ne must include "Limited
DELAWARE	3.		
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable)
. 01/22/2016			_
	(Date first transacted business in F (See sections 605.0904 & 605.0905,	Florida, if prior to registration.) F.S. to determine penalty liability)	
975 N. Miami Beach E			_
	(Street Address of Princip	od Office)	-
075 N. Miami Reach B	•	onec)	and mak
975 N. Miami Beach B	nva, maini, 1 L 33102		- 社会 6
			<u> </u>
	(Mailing Addres	ss)	- The second sec
Name and atreat address	ss of Florida registered agent: (P.O. Bo	NOT acceptable)	
maine and <u>street addres</u>		ox <u>1101</u> acceptable)	三 章
Name:	RealWave, LLC		
Office Address:	975 N. Miami Beach Blvd		5 5
	Miami, 33162	, Florida ^{FL}	
	(City)	(Zip code)	_
			1114
laving been named as re esignated in this applica o complywith the provisi	egistered agent and to accept service of ation, I hereby accept the appointment ions of all statutes relative to the prope my position as registered agent.	f process for the above stated limited liab as registered agent and agree to act in the er and complete performance of my duties	is capacity. I further agi
laving been named as re esignated in this applica o complywith the provisi	egistered agent and to accept service of ation, I hereby accept the appointment ions of all statutes relative to the prope my position as registered agent.	as registered agent and agree to act in th	is capacity. I further ag
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Typed or printed name of signee

Amnon Bensimon

<u>Delaware</u>

The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "ASSURE PROPERTIES 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 JANUARY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ASSURE PROPERTIES LLC" WAS FORMED ON THE TENTH DAY OF APRIL, A.D. 2014.

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

16 JAN 21 PN 4:40

Authentication: 201739225

Date: 01-27-16

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