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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

J. HARRIS

COVER LETTER

Divi	ision of Corporation	ns ·				
UBJECT:	COLLINS 4202, LI	.c				
		Name of	Limited Liability	Company		
he enclosed Existence, an	"Application by For d check are submitte	reign Limited Liability Comp ed to register the above refer	pany for Authoriza enced foreign limi	tion to Tra ted liability	ansact Business in Florida," y company to transact busin	Certificate ess in Flori
lease return	all correspondence	concerning this matter to the	following:			
	JENNIFER E.	OKCULAR, ESQ.				
		N	ame of Person	• • • • • • • • • • • • • • • • • • • •		
	NELSON & N	ELSON, P.A.				
		F	imn/Company			
	2775 SUNNY	ISLES BLVD., SUITE 118				
			Address	 		
	NORTH MIAN	MI BEACH, FL 33160				
	<u> </u>	City/S	tate and Zip Code			
	JENNIFER@ES	TATETAXLAWYERS.COI	M			
		E-mail address: (to be use	d for future annual	report not	ification)	
or further in	formation concernin	g this matter, please call:				
ALE	EXANDRA PALAC	ios	305 at (932-20		
	Name o	f Contact Person	Area Code	Day	time Telephone Number	
Divis Regi P.O.	ILING ADDRESS; sion of Corporations istration Section Box 6327 ahassee, FL 32314			Division Registrat Clifton B 2661 Exc	CADDRESS: of Corporations ion Section uilding coutive Center Circle ice, FL 32301	
	check for the follow 125.00 Filing Fee	ing amount: \$\Bigsirem\$ 130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy	ng Pee &	☐ \$160.00 Filing Fee, Ce of Status & Certified Cop	

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 COMPANYTO TRANSACT BUSINESS INTHE STATE OF FLORIDA:

	eign Limited Liability Company; must include "Limited	Liability Company," "L.L.C.," or	"LLC.")
If name unavailable, enter a .iability Company," "L.L.C,	ternate name adopted for the purpose of transacting bus	siness in Florida. The alternate nar	ne must include "Limited
WYOMING	3. 81-12540	75	
·	of which foreign limited liability	(FEI number, if applicable)
company is organized)			
•	(Date first transacted business in Florida, if pric (See sections 605.0904 & 605.0905, F.S. to deter	or to registration.)	_
18201 COLLINS AVE	•	indicate policity successive,	
SUNNY ISLES BEAC	H FI 33160	•	- ,
BOWN IGEES BEAC	(Street Address of Principal Office)		_
SAME AS ABOVE			
	(Mailing Address)		- 15 SEC
Name and street addres	ss of Florida registered agent: (P.O. Box NOT acc	centable)	稻田 田
	JENNIFER E. OKCULAR, ESQ.	ocpanoso)	De la commentante del commentante de la commentante del commentante de la commentant
Name:			A B M
Office Address:	2775 SUNNY ISLES BLVD., SUITE 118		CO PERSON
	NORTH MIAMI BEACH	, Florida 33160	
tonistavad acentis acen-	(City)	(Zip code)	Dm
	gistered agent and to accept service of process fo	r the above stated limited liab	ility company at the place
lesignated in this applica o complywith the provisi ccept the obligations of i	tion, I hereby accept the appointment as registere ons of all statutes relative to the proper and comp my position as registered agent. (Registered agent's signature active and address of the person(s) who has/have autority and address of the person(s)	ed agent and agree to act in the lete performance of my dutie. ure)	is capacity. I further agre

Typed or printed name of signee

JASON BOYD

STATE OF WYOMING Office of the Secretary of State

I, ED MURRAY, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

Collins 4202 LLC

is a **Limited Liability Company**

formed or qualified under the laws of Wyoming did on **January 28, 2016**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2016-000704998**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 2nd day of February, 2016 at 3:02 PM. This certificate is assigned 019393234.



Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.