## Florida Department of State

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To:

Division of Corporations

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From:

Account Name : NRAI SERVICES, LLC

Account Number : 120080000104 : (302)674-4089

; (302)674~5266 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report modifies Formal Form annual report mailings. Enter only one email address please.\*\*

Email Address: scalzadllla@crescentheights.com

## Foreign Limited Liability Company N480CH, LLC

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Certificate of Status	0
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MAR 3 1 2016

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Electronic Filing Menu

Corporate Filing Menu

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA SEATUTIES, THE FOLLOWING IS SUBMITTED TO RECUSIVER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(If name unavailable, enter a Liability Company,""L.L.C.	Itemate name adopted for the purpos	e of transacting business in Florida, 7	be alternate nam	e must i	nchide"	f,imited
DELAWARE	, or race j	" APPLIED FOR				
	of which foreign limited liability	3.	er, if applicable)			
4 UPON QUALIFICAT	TON					
	(Date first transacted husing (See sections 605,0904 & 605	ss in Florida, if prior to registration.) 0905, F.S. to determine penalty liabil	lity)	•		
5. 2200 BISCAYNE BO						
MIAMI, FL 33137				_'		
t	(Street Address of )	runcipal Office)		•		
6. 2200 BISCAYNE BOX	JLEVARD					
MIAMI, FL 33137						
	(Mailing)	\ddress)				
7. Name and street address	ss of Florida registered agent: (P.	O. Box <u>NOT</u> acceptable)			6	
Name:	NRAI SERVICES, INC.	· · · · · · · · · · · · · · · · · · ·		1	TAR.	
	1200 SOUTH PINE ISLAND	NOAD		(0)	w	-
Office Address:		(0/1/3		$\mathcal{Q}_{\pm}$	$\tilde{\Box}$	,*
Office Address:	PLANTATION	VIV.	3324			
Registered agent's accep	PLANTATION (City)	, Florida 33	(Special (7.1)		0 AH 10:	f in the state of
Registered agent's acceptioning been named as redesignated in this applicate complywith the provision of the obligations of the obligations of the name, title or caps	PLANTATION  (City)  tance: registered agent and to accept servition, I hereby accept the appoint ons of all statutes relative to the my position as registered agent.  (Registrative and address of the person(s)	Florida 3.  Florida 3.	(Ap code)  A limited liabile  ee to act in this  e of my duties,	capaci	O AH IO: PROVIDE	rther agre
Registered agent's accep Having been named as re designated in this applica to complywith the provisi accept the obligations of t	PLANTATION  (City)  tance: registered agent and to accept servition, I hereby accept the appoint ons of all statutes relative to the my position as registered agent.  (Registrative and address of the person(s)	Florida 3.  Florida 3.	(Ap code)  A limited liabile  ee to act in this  e of my duties,	capaci	O AH IO: PROVIDE	rther agre
Registered agent's acceptioning been named as redesignated in this applicate complywith the provision of the obligations of the obligations of the name, title or caps	PLANTATION  (City)  tance: gistered agent and to accept servition, I hereby accept the appoint ons of all statutes relative to the my position as registered agent.  (Registered)  (Registered)  (Registered)  (Registered)	Florida 3.  Florida 3.	(Ap code)  A limited liabile  ee to act in this  e of my duties,	capaci	O AH IO: PROVIDE	rther agre
Registered agent's acceptioning been named as redesignated in this applicate complywith the provision of the complywith the province of the complywith the complex that the complex th	PLANTATION  (City)  tance: gistered agent and to accept servition, I hereby accept the appoint ons of all statutes relative to the my position as registered agent.  (Registered)  (Registered)  (Registered)  (Registered)	Florida 3.  Florida 3.	(Ap code)  A limited liabile  ee to act in this  e of my duties,	capaci	O AH IO: PROVIDE	rther agre

MICHAEL SHEITELMAN, AUTHORIZED REPRESENTATIVE

H16000079682 3

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "N480CH, 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 THIRTIETH DAY OF MARCH, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "N480CH, LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF MARCH, A.D. 2016.

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

5997557 8300 SR# 20161961982

You may verily this certificate online at corp.delaware.gov/authver.shtml

Josiemy to. Bustices, Secretary of State

Authentication: 202065045

Date: 03-30-16