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K. SALY EXAMINER

## SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724

Toll Free: 844-541-6792				
DATE: 4/4/16	WALK IN			
ENTITY NAME: Sebving Main, LLC				
**PLEASE FILE THE ATTACHED AND RETURN:**				
Plain Copy				
X Certified Copy X Certificate of Status				
	· · · · · · · · · · · · · · · · · · ·			
**PLEASE OBTAIN THE FOLLOWING FOR THE A	BOVE ENTITY:**			
Document Number:				
Certified Copy of Arts & Amendments				
Certificate of Good Standing				
**APOSTILLE'/NOTARIAL CERTIFICAT	ION:**			
COUNTRY OF DESTINATION	····			
NUMBER OF CERTIFICATES REQUESTED	<del></del>			
TOTAL AMOUNT OWED:				
CHECK NUMBER:				
PLEASE CONTACT TINA AT 850-508-1891 FOR ANY PROBLEMS OR INF	ORMATION ON THIS			
MATTER.				
Thank you!				
Thank you! Tina Goff, President				

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

. . <del>. . . .</del> }

IN COMPLEMCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY

1. Sebring Main, LLC (Name of Force)	ign Limited Liability Company; must include	le "Limited Liability Company," "L.L.C.," or "I	.LC.")
(II name unavailable, enter al Liability Company," "L.L.C.		sacting business in Florida. The alternate name	must include "Limited
Delaware		81-2027180	
	of which foreign limited liability	(FEI number, if applicable)	
4. Upon filing	(Date first transacted business in Fl. (See sections 605.0904 & 605.0905, F	orida. if prior to registration.) S. to determine penalty liability)	
5. 1401 Broad Street	(included in the control of the cont	an action policy manny	_
Clifton, New Jersey 07			2016 APR -4
	(Street Address of Principa	d Office)	
6. 1401 Broad Street			75
Clifton, New Jersey 0	7013		(A)
	(Mailing Address	)	79 至
7. Name and street address	s of Florida registered agent: (P.O. Box	NOT acceptable)	题 3
Name:	United Corporate Services, Inc.		
Office Address:	9200 South Dadeland Blvd., Suite 508		
	Miami	, Florida 33156	
Registered agent's accep	(City)	(Zip code)	
Having been named as re this application, I hereby	gistered agent and to accept service of accept the appointment as registered a statutes relative to the proper and compition as registered agent.	process for the above stated corporation a gent and agree to act in this capacity. I fu plete performance of my duties, and I am Book Pluster ent's signature)	orther agree to comply familiar with and accept
8. The name, title or capa Robert J. Ambrosi, Mana	acity and address of the person(s) who h	as/have authority to manage is/are:	
1401 Broad Street			
Clifton, New Jersey 070	13		
	of which it is organized. (If the certifica	duly authenticated by the official having cate is in a foreign language, a translation of authorized person	
This document is evenue	t in accordance with section 605 0203 (1	) (h) 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.

Typed or printed name of signee

Gary S. Baumann, Authorized Signatory

Page 1

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "SEBRING MAIN, 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 FIRST DAY OF APRIL, A.D. 2016.

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

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

2016 APR -4 AK 7: 37

Authentication: 202082892

Date: 04-01-16

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SR# 20162034547