

MI600000 2882

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

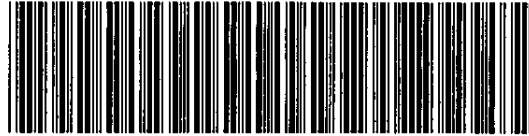
(Business Entity Name)

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Apr 08 2016
J. HARRIS

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

1815 Lowell Partners LLC

Signature _____

Requested by: SETH

04/07/16

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
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____ Cert. Copy _____
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____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
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____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 1815 LOWELL PARTNERS LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Marc Birnbaum

Name of Person

Marc Birnbaum, P.A.

Firm/Company

1041 Ives Dairy Road Suite 238

Address

Miami, FL 33179

City/State and Zip Code

pdqprops@bellsouth.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marc Birnbaum

305

914-5690

at (_____) _____

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$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 TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. 1815 LOWELL PARTNERS LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited
Liability Company," "L.L.C.," or "LLC.")

2. New York

(Jurisdiction under the law of which foreign limited liability
company is organized)

3. 11-3531745

(FBI number, if applicable)

4.

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1250 E. Hallandale Beach Blvd., Suite 904

Hallandale, FL 33009

(Street Address of Principal Office)

6. 1250 E. Hallandale Beach Blvd., Suite 904

Hallandale, FL 33009

(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Carol Belasco

Office Address: 1250 E. Hallandale Beach Blvd., Suite 904

Hallandale, Florida 33009

(City)

(Zip code)

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 comply with 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.

Carol Belasco

(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Daniel Abramson, Manager

1250 E. Hallandale Beach Blvd., Suite 904

Hallandale, FL 33009

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)

Daniel Abramson

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.

Daniel Abramson

Typed or printed name of signer

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SECTION OF STATE
PALM BEACH, FLORIDA
16 APR -7 AM 8:49

**State of New York
Department of State } ss:**

I hereby certify, that CVS LOWELL LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 01/27/2000, and that the Limited Liability Company is existing so far as shown by the records of the Department.

A Certificate of Amendment CVS LOWELL LLC, changing its name to 1815 LOWELL PARTNERS LLC, was filed 02/28/2000.



*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 31st day of March
two thousand and sixteen.*

Anthony Giardina

Anthony Giardina
Executive Deputy Secretary of State