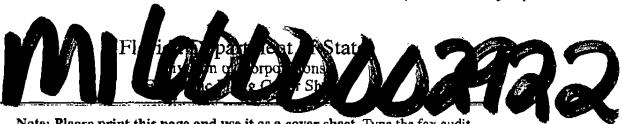
Division of Corporations

https://efile.sunbiz.org/scripts/efilcovr.exe



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000087244 3)))



H160000872443ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone

: (561)694-8107

Fax Number

: (561)694-1639

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

Email Address: Foreign Limited Liability Company NRT Vacation Rentals Florida LLC Certificate of Status Certified Copy 0 Page Count 03 \$130.00 Estimated Charge

Electronic Filing Menu

Corporate Filing Menu

Help

. . . .

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO RECESTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

NRT Vacation Rental				
(Name of Fore	ign Limited Liability Company: must include "Limited Liabi	lity Company, "L.L.C.," or "LL	2.")	
(If name unavailable, enter al	ternate name adopted for the purpose of transacting business	in Florida. The alternate name m	ust include '	"Limited
Liability Company," "L.L.C,"				
2. Delaware	of which foreign limited Hability	(FEI number, if applicable)		
company is organized)	n which totalky inhited paperty	(LEI unmoci, it abbiterore)		
4				
	(Date first transacted business in Florada, if prior to (See sections 605,0904 & 605,0905, F.S. to determine	registration.) penalty liability)		
5. 175 Park Ave.				
Madison, NJ 07940				
	(Street Address of Principal Office)			
6	<u> </u>			
		·		
	(Mailing Address)			
7. Name and street addres	s of Florida registered agent: (P.O. Box NOT accepts	ıble)		
Name;	Corporate Creations Network Inc.	•		
Office Address:	11380 Prosperity Farms Road, #221E	<i>,</i>		
	Palm Beach Gardens, FL	, Florida 33410 (Zip code)		
	(City)	(Zip code)		
designated in this applica- to complywith the provision	gistered agent and to accept service of process for the tion, I hereby accept the appointment as registered as ons of all statutes relative to the proper and complete my position as registered agent. Caitli	ent and agree to act in this co	spacity. I) of Lym fan tary	further agree
	(Registered agent's signature)		A5.5	2) m
8. The name, title or caps	city and address of the person(s) who has/have authori	ity to manage is/are:	COTT CENTAL	<u>ٺ</u> ٺ
Marilyn J. Wasser (Mana	ger), 175 Park Ave., Madison, NJ 07940			U
Bruce G. Zipf (Manager), 175 Park Ave., Madison, NJ 07940				<u> </u>
			87- 5-	=
			<u> </u>	03
	_ MYILIA Y W	n language, a translation of the		
	Signatufe of an authorized person	1		
	in accordance with section 605,0203 (1) (b), Florida 5 the Department of State constitutes a third degree falo			tion .
	Murilyn J. Wasser, Manager			
	Typed or printed name of signee			

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "NRT VACATION RENTALS FLORIDA 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 SEVENTH DAY OF APRIL, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NRT VACATION RENTALS FLORIDA LLC" WAS FORMED ON THE EIGHTEENTH DAY OF MARCH, A.D. 2016.

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

Authentication: 202111635

Date: 04-07-16