

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : SPIEGEL & UTRERA, P.A.
Account Number : FCA000000001
Phone : (305) 854-6000
Fax Number : (305) 860-2076

ALLAHASSEE, FLORIDA

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Email Address: _____

Foreign Limited Liability Company
TRUEPLEX LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

K. SALLY
EXAMINER

APR 21

SECRETARY OF STATE
ALLAHASSEE, FLORIDA

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Help

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
H16000098634 3 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. TRUEPLEX 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. DELAWARE
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 81-2223597
(FEI number, if applicable)

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

5. 1037 NW 3rd Street
Hallandale Beach, Florida 33009
(Street Address of Principal Office)

6. _____
(Mailing Address)

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

Name: SPIEGEL & UTRERA, P.A.
Office Address: 1840 SW 22nd Street, 4th Floor
Miami, Florida 33145
(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.

By: Natalia Utrera NATALIA UTRERA, VICE-PRESIDENT
(Registered agent's signature)

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

Gregory Socherman - Operating Manager - 1037 NW 3rd Street, Hallandale Beach, FL 33009
David Mulhollen, Jr. - Vice-Operating Manager - 1037 NW 3rd Street, Hallandale Beach, FL 33009
Rodrigo Emanuel Florindo Silva - Vice-Operating Manager - 1037 NW 3rd Street, Hallandale Beach, 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)

Gregory Socherman
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.

H16000098634 3 Gregory Socherman, Operating Manager

Typed or printed name of signer

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TALLAHASSEE, FLORIDA

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ATTACHMENT
TO
APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA
OF
TRUEPLEX LLC

8. The name, title or capacity and address of the persons who have authority to manage are:
(Cont.)

Michael Jeffrey Bell - Vice-Operating Manager - 1037 NW 3rd Street
Hallandale Beach, FL 33009

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TALLAHASSEE, FLORIDA

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Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "TRUEPLEX 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 FIFTEENTH DAY OF APRIL, A.D. 2016.

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TALLAHASSEE, FLORIDA



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

Handwritten signature of Jeffrey W. Bullock, Secretary of State.
Jeffrey W. Bullock, Secretary of State

Authentication: 202158711

Date: 04-15-16