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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: SPINWAY A1A 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:
VECHIEL ROSENBLUM Name of Person
Name of Person
SPINWAY ALA LLC
Firm/Company
5316 NW 67 TH ANE LAUSERHILL, FL
Address
City/State and Zip Code
City/State and Zip Co'de
ROSENBLUM VECHIEL & SMAIL. COM E-mail address: (to be used for future annual report notification)
YECHIEL ROSENBLUM al (347) 417-1234 ====================================
Name of Contact Person Area Code Daytime Telephone Number:
MAILING ADDRESS: Division of Corporations STREET ADDRESS: Division of Corporations
Registration Section Registration Section
P.O. Box 6327 Tallahassee, FL 32314 Cliffon Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount: \$\Begin{array}{c} \Begin{array}{c} \\$125.00 \text{ Filing Fee} \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

· 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 FORE COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA;	UGN LIMITED	LIABILITY
1. SPINWAY A1A 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 mu Liability Company," "L.L.C," or "LLC.")	st include "Lim	ited
2. ELAWARE (Jurisdiction under the law of which foreign limited liability company is organized) 3. (FEI number, if applicable)	- 11.	
4. (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)		
5		
SAME [Mailing Address]	2016	
7. Name and street address of Florida registered agent: (P.O. Box, NOT accentable)		
Name: YECHIEL ROSENBLUM	23 ARY	ักก
Office Address: 5316 NW 67TH AVE	'S U	J
Name: ECHIEL ROSENBLUM Continue State State	pacity. I furth	er agree
(Registered agent's signature)		
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: VECHIEL ROSENBLUM 5316 NW 67TH AVE, LAUNERHILL, FL 33310	L-MG 	_H RM
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custo jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the coff the translator must be submitted) 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	certificate und	in the er oath
submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, VECHIEL ROSENBUM		
Typed or printed name of signee		

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "SPINWAY A1A 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 "SPINWAY A1A LLC" WAS FORMED ON THE FIFTH DAY OF APRIL, A.D. 2016.

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

Authentication: 202110028

Date: 04-07-16

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