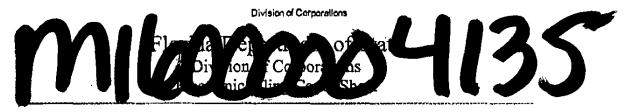
5/24/2016



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.

(((H16000128084 3)))



H160001280843ABC/

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:

: VCORP SERVICES, LLC Account Name

Account Number: I20080000067

Phone

: (845)425-0077

Fax Number : (845)818-3588

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

Foreign Limited Liability Company Matthews Crossing II LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help



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

	LC		
	ign Limited Liability Company; must include "Limited Lini	hility Company," "L.L.C.," or "LLC.")	
(If name unavailable, enter a Liability Company,""L.L.C, 2. DE	ternate name adopted for the purpose of transacting business or "LLC.")	is in Florida. The alternate name must i	nelude "Limited
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable)	,
4			.: '
	(Date first transacted business in Plorida, if prior to (See sections 605,0904 & 605,0905, F.S. to determine	registration.) penalty liability)	
5. 2158 82nd St., Brookl	'n, NY 11214		• .
5. 2158 82nd St., Brookly	(Street Address of Principal Office)		
5. <u>2750 02110 011, 210021</u>	111111111111111111111111111111111111111	<u> </u>	
	(Mailing Address)	· · · · · · · · · · · · · · · · · · ·	
7 Name and street address	s of Florida registered agent: (P.O. Box NOT accept	nhia)	•
	Vcorp Services, LLC	#910 <i>)</i>	
Name:	5011 South State Road 7, Suite 106	-	
Office Address:			
	Davic (City)	Florida 33314 (Zip code)	
this application, I hereby with the provisions of all :	tance: gistered agent and to accept service of process for the accept the appointment as registered agent and agree statutes relative to the proper and complete performa- tion as registered agent.	e to act in this capacity. I further	agree to comply
	(Registered agent's signature)	,	S HAY 2
	city and address of the person(s) who has/have author	,	HNY 2ù
8. The name, title or caps	city and address of the person(s) who has/have author	,	8 HAY 24 A K
8. The name, title or caps Pinchos D. Shemano, Ma	city and address of the person(s) who has/have author	,	HNY 2ù
8. The name, title or caps Pinchos D. Shemano, Ma 2158 82nd St., Brooklyn,	city and address of the person(s) who has/have author nager NY 11214 of existence, no more than 90 days old, duly authentic of which it is organized. (If the certificate is in a foreign	rity to manage is/are;	NAY 24 A 10 48 THE CONTRACT OF PECCONS in the

Pinchos D. Shemano, 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 "MATTHEWS CROSSING II 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 TWENTY-FOURTH DAY OF MAY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MATTHEWS CROSSING II LLC" WAS FORMED ON THE SIXTEENTH DAY OF MAY, A.D. 2016.

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

Authentication: 202371520

Date: 05-24-16