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PICK-UP	☐ WAIT	MAIL			
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(De	ocument Number)				
Certified Copies	Certificates	of Status			
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Special Instructions to Filing Officer:					
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Office Use Only



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16 MAY 25 AH 8: 08
SECRETARY OF STATE
TALL AHASSAF, FLORIO

J. WARRIS

COVER LETTER

TO:

Registration Section

Division of Corporations							
SUBJECT:	A	TRIA	TOU Name of L	IEQ imited Liabili	ty Company		
						unsact Business in Florida," company to transact busine	
Please return all co	orrespondence c	concerning this m	atter to the f	ollowing:			
-	A	BRAHAI		EI CH me of Person	BACH		
-	AT	214 -	TOWF Fir	m/Company	LLC		
-	3	803	GUL	Address	(D		
-	ST	PETE	bEA City/Sta	CH F	U 3	3706	
IZABELLA © SUMMERDALE, COM E-mail address: (to be used for future annual report notification)							
For further informa	ation concerning	g this matter, plea	ise call:				
<u> VA</u>	DELLA (Name o	SWCHOW!	514	at (72 7 Area Co	 /	time Telephone Number	
Division of Registration P.O. Box	G ADDRESS: of Corporations ion Section 6327 ee, FL 32314				Division Registrati Clifton B 2661 Exe	of Corporations on Section uilding cutive Center Circle ee, FL 32301	
Enclosed is a check	k for the follow O Filing Fee	ing amount: \$130.00 Filir Certificate of S		☐ \$155.00 F Certified Co		☐ \$160.00 Filing Fee, Ce of Status & Certified Copy	



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FLORIDA DEPARTMENT OF STATE Division of Corporations AHASSEE, FI CRIDA

May 13, 2016

ABRAHAM REICHBACH 3803 GULF BLVD ST PETE BEACH, FL 33706

SUBJECT: ATRIA TOWER LLC Ref. Number: W16000035366

We have received your document for ATRIA TOWER LLC and your check(s) totaling \$125.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 916A00010184

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 FOCOMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	OREIGN LIMITED LIABILITY
ATRIA TO LIFE IN C	
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "I	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. 47 - 55 4 1562 (FEI number, if applicable)	
company is organized)	
4. NOT ACTIVE YET	
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	
5. 3803 GULF BLVD	
ST PETE BEACH, FL 33706 (Street Address of Principal Office)	
6. 3803 (WILP BLVD) ES	<u></u> 4
STRETE BEACH FL 33706 EE (Mailing Address)	11 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	
Name: ABRAHAM REICHBACH	œ (
	: 08
	
ST PETE BEACH, Florida 33+06 (City) (Zip code)	
Registered agent's acceptance:	
Having been named as registered agent and to accept service of process for the above stated limited liabili designated in this application, I hereby accept the appointment as registered agent and agree to act in this to complywith the provisions of all statutes relative to the proper and complete performance of my duties, accept the obligations of my position as registered agent.	capacity. I further 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:	
	REICHBACH/MANIAG
01 HERMOSITA DR 5300 62MDAVE 2011	<u>REICHBACH</u> /MANAG IELMOSITA DR
1	IE BEACH FL 33706
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having c jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of of 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 submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.1	

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 "ATRIA TOWER 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 SIXTH DAY OF MAY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ATRIA TOWER LLC" WAS FORMED ON THE SIXTH DAY OF NOVEMBER, A.D. 2015.

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

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

5870154 8300

Authentication: 202274412

Date: 05-06-16

SR# 20162914214