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Florida Department of State **Division of Corporations**

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JUN - 3 jkrant@adeptuscpas.com Email Address: PH t: AH 11:5 Foreign Limited Liability Company **8**2 3440 SW 15th Street, LLC Certificate of Status 0 Certified Copy 1 3NC Page Count 03 Estimated Charge \$155.00

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APPLICATION BY FO	(((+ REIGN LIMITED LIABILIT	116000136302 Y COMPANY F IN FLORIDA		IZATION TO	TRANSA	CT BU	SINESS
IN COMPLIANCE WITH SECT. COMPANY TO TRANSACT BUS	ION 605.0902 FLORIDA STATUTES INESS IN THE STATE OF FLORIDA	S, THE FOLLOWING 1:	G IS SUBMITTED :	TO REGISTER A	FOREIGN .	I.IMITEL	LIABILITY
I (Name of Forei	3440 SV In Limited Liability Company; ma	V 15th Street, L at Include "Limited	LC Liability Compar	1 y," "L.L.C.," or	"[[LC:'']		
(If name unavailable, enter alta Liability Company," "L.L.C,"	musts name adopted for the purport or "LLC.")	e of transacting but	iness in Florida.'	l'he alternate nac	ne must incl	lude "Li	nited
2. Dels (Jurisdiction under the law o company is arganized)	ware f which foreign limited liability	3	81 (FEI numb	-2826012 per, if applicable)		•
4	(Date first transacted busin (See sections 605,0904 & 603	cas in Florids, if pri .0905, F.S. to detar	or to registration. mine penalty liab	lity)	-		
5 3440 SW 15th Street					_		
Fort Lauderdale, FL 33312 (Street Address of Principal Office)					-		
6. 88-29 86th Street							
Woodhaven, NY 11421 (Mailing Address)							
7. Name and <u>street address</u>	of Florida registered agent: (P		ceptable)				
Name:	National Corporate Res	earch, Ltd., Ind),		7		
Office Àddress:	115 North Calhoun 8	itreet, Suite 4				16 J	facture to
	Taliahass	60	, Florida _	32301 (Zip code)	- 22	LN.	
Registered agent's accepts	(City)				SE S	င်္သ	}
designated in this applicati to complywith the provision	istered agent and to accept ser on, I hereby accept the appoin w of all statutes relative to the	iment as register proper and comp	ed agent and ag	ree to act in th	is capacity	. Ffurt	her agree
accept the obligations of m	position as registered agent.	0	•			() ()	-
		2 Cunnen,			T at		
8. The name, title or capac	ity and address of the person(s)			je is/are:			
	Nidia Morales, M	anaging Memb	ər				
	88-29 86	th Street					
	Woodhaver	n, NY 11421			······································		
9. Attached is a certificate o jurisdiction under the law of of the translator must be sub	f existence, no more than 90 da which it is organized. (If the c mitted)	nys old, duly autho ortificate is in a fo	nticated by the oreign language,	official having a translation o	custody of f the certifi	record; icate un) in the der oath
	Nignaturg	of an authorized p	7 Staon		~		
This document is executed i submitted in a document to t	n accordance with section 605. he Department of State constitu	0203 (1) (b), Fior	ida Statutes. I an feiony as provid	n aware that an ded for in s.817	y false info 155, F.S.	mation	i.
-	Typod or j	Jordan Krant printed name of sign	196		-		

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Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "3440 SW 15TH STREET, 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 THIRD DAY OF JUNE, R.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "3440 SW 15TH STREET, LLC" WAS FORMED ON THE FIRST DAY OF JUNE, A.D. 2015.

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



6057651 8300 SR# 20164282148 You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202427271 Date: 06-03-16

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