## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6383

From:

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: (850)777-2091

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

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### Foreign Limited Liability Company Deerfield Beach Apartments LLC

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#### COVER LETTER

TO:		lon Section I Corporation	2				•
STIR IE	DBE	RFIELD BEAC	TH APARTMENTS LLC				
5055		<del> </del>	Name of I	imited Liability	Company		
The end Existen	closed "App ice, and chec	lication by Fore k are submitted	elgn Limited Liability Comp d to register the above refere	any for Authoriza need foreign limi	ition to Tra tod liability	nsact Business in Florida," Co company to transact business	entificate of s in Florida
Please	return all co	rrespondence c	oncerning this matter to the i	following:			
	5	Sbaron K., Gray					
	***		Ne	me of Person			
	3	Triad Professional Services					
	<del>-</del>		Fig	m/Company			
	1	720 Windward	Concourse, Suite 390				
Address							
	/	Alpharetta, GA 30005					
			City/St.	ate and Zip Code			
		~	E-mail address: (to be used	for future annual	repart noti	Toution)	
For furt	her informa	ion concerning	this matter, please call:				
	Sharon K. Gray		770 at (	777-209	777-2091		
		Name of	Contact Person	Area Code	Dayt	ima Telephone Number	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				
Enclose		for the followin Filing Fee	ng amount; □ \$130.00 Filing Fee & Certificate of Status	■ \$155,00 Filin Certified Copy	g Fee &	☐ \$160.00 Filing Fee, Certing Status & Certified Copy	ficate

## 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 FOREXEN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Docrfield Beach Apartr	nents LLC					
(Name of Fore	ign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "[L.C."]					
Liability Company," 'T.L.C,'	ternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited or "LLC.")					
2. Delaware	3					
company is organized)	of which foreign limited liability (FEI number, if applicable)					
4. Upon qualification						
	(Date first transacted business in Plotida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)					
5. 140 Broadway, 41st Fl						
New York, NY 10005	(See sections 605.0904 & 605.0905, P.S. to determine penalty liability)  (Street Address of Principal Office)					
6. 140 Broadway, 41st Fl.	(Street Address of Principal Office)					
New York, NY 10005						
	(Malling Address)					
7. Name and street addres	s of Florida registered agent: (P.O. Box NOT acceptable)					
Name:	NRAI Services, Inc.					
Office Address:	1200 South Pine Island Road					
	Plantation , Florida 33324					
Registered agent's accept	(City) (Zip code)					
	sistered agent and to accept service of process for the above stated limited liability company at the place					
to comply with the provision	ion, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree his of all statutes relative to the proper and complete performance of my duties, and I am familiar with and					
accept the obligations of n	ny position du registered agent,					
	(Registered agent's signature)					
	(Registered agent's signature)					
8. The name, title or capa	city and address of the person(s) who has/have authority to manage is/are:					
Allen Gross (MGR)						
140 Broadway, 41st FI,						
New York, NY 10005						
	of existence, no more than 90 days old, duly authenticated by the official having custody of records in the if which it is organized. (If the confidence is in a foreign language, a translation of the certificate under oath bmitted)					
	Signature of an authorized person					
	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.  Hya Braz					
	Typed or printed name of signee					

# Delaware The First State



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

DELAWARE, DO HEREBY CERTIFY "DEERFIELD BEACH APARTMENTS 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-SECOND DAY OF JUNE, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DEERFIELD BEACH
APARTMENTS LLC" WAS FORMED ON THE FOURTEENTH DAY OF JUNE, A.D.
2016.

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

6068256 8300

SR# 20164587169

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

Authentication: 202536323

Date: 06-22-16

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