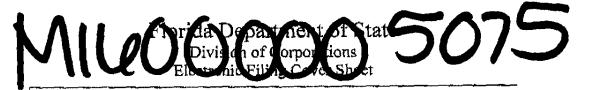
Page 1 of 2



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From:

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Account Number : 120090000006

Phone

: (305)755-9500

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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. **

Foreign Limited Liability Company SEFIRA CYPRESS II LLC

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Help

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 FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

COMPANYTOTRANSACTBU	ASINESS IN THE STATE	OF FLORIDA:					
I. SEFIRA CYPRESS		, 					
(Name of Fore	eign Limited Liability C	ompany; must in	clude "Limited Li	ability Company," "L.L.C.," o	or "LLC,")		
(If name unavailable, enter al Liability Company," "L.L.C.	ternale name adopted for "LLC.")	or the purpose of	transacting busine	ess in Florida. The alternate no	ame must fo	cludo "I	i.imited
2. DELAWARE			Applied For				
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable company is organized)							
4. Upon filing.							•
	Date first trans) (See sections 605)	sacted business in .0904 & 605.090	i Florida, il prior t 5, F.S. to determir	io registration.) ne penalty liability)			
5. 15807 Biscayne Blvd.,	Suite 113						
North Miami Beach, Florida 33160						رت درت	altu indi
14045 P	·	Address of Princ	ipal Office)		主造	\equiv	± ti sattamen
6. 15807 Biscayne Blvd.,	Suite 113				— 淡菜 ·	23	CLIEBE.
North Minmi Beach, F.	orida 33160				<u> </u>	Σm	
		(Mailing Add	(225)				
7. Name and street addres	<u>s</u> of Florida registered	i agent: (P.O. I	Box <u>NOT</u> accep	table)	TENE TENE	÷	A 76 12 12
Name:	Aby Galsky			_	57	3	
Office Address:	15807 Biscayne Blv	d., Suitell3		_			
	North Miami Beach	·		, Florida 33160	_		
P. 14 - 1		(City)		(Zip code)	_		
Registered agent's necept Having been named as rej		accept service	of process for th	re above stated limited flat	bility comp	any at	tha place
designated in this applicat	ion, I hereby accept.	the appointmen	it as registered c	agent and agree to act in t	lits capacit	ty. I fu	rther agree
to comply with the provision accept the obligations of n			ier ana compten	e perjormance oj my aune	s, ana t a	ni janu.	uar with and
	/s	/ Aby Galsk	ζу				
	Aby Galsky	(Registered	agent's signature)				
8. The name, title or capa	city and address of th	e person(s) who	has/have author	rity to manage is/are:			
Aby Galsky, Manager, 15				-			
						-	
						-	
						-	
9. Attached is a certificate	of existence, no more	than 90 days o	ld, duly authentic	cated by the official having	custody o	frecar	ds in the
jurisdiction under the law of the translator must be su		d. (If the certifi	cate is in a forei	gn language, a translation o	of the certi	ficate u	nder oath
	/9	s/ Aby Galsk	У				
		Signature of ar	authorized perso	n			
This document is executed submitted in a document to	in accordance with se the Department of Sta	ction 605.0203 ate constitutes a	(1) (b), Florida; third degree fel	Statutes, I am aware that ar ony as provided for in s.81	y false info 7.155, F.S.	omario	un.
		Aby Galsk		•			
	···	Typed or printe	d nume of signce		-		

H16000153315 3

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "SEFIRA CYPRESS 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-THIRD DAY OF JUNE, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SEFIRA CYPRESS II LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF MAY, A.D. 2016.

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

6050548 8300
SR# 20164603643
You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202542423

Date: 05-23-16