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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

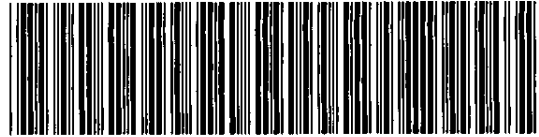
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPARTMENT OF STATE

JUN 07 2016
D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 5901 MANAGER, LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Form with fields for Name of Person (Allan Serviansky), Firm/Company (5901 MANAGER, LLC), Address (7600 Red Road, Suite 102), City/State and Zip Code (Miami, FL 33143), and E-mail address (aserviansky@gmail.com).

Vertical stamps: RECEIVED, 16 JUL -7 AM 11:49, and other illegible markings.

For further information concerning this matter, please call:

D. Fontana at (954) 462-9541
Name of Contact Person Area Code Daytime 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

Enclosed is a check for the following amount:
[] \$125.00 Filing Fee [] \$130.00 Filing Fee & Certificate of Status [] \$155.00 Filing Fee & Certified Copy [x] \$160.00 Filing Fee, Certificate of Status & Certified Copy

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:

1. 5901 MANAGER, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "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. (FEI number, if applicable)

4. (Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 7600 RED ROAD, SUITE 102
MIAMI, FLORIDA 33143
(Street Address of Principal Office)

6. C/O MARKET STREET REAL ESTATE PARTNERS, LLC - 7600 RED ROAD, SUITE 102
MIAMI, FLORIDA 33143
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: NRAI SERVICES, INC.
Office Address: 1200 S. PINE ISLAND ROAD
PLANTATION, Florida 33324
(City) (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Katu Wonsch, Asst. Sec.
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

MARKET STREET REAL ESTATE PARTNERS, LLC, Manager
7600 RED ROAD, SUITE 102
MIAMI, FLORIDA 33143

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

(Signature)
Signature of an authorized person

This document is executed 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.

ALLAN SERVIANSKY
Typed or printed name of signer

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 JUL -7 AM 11:49

APPROVED

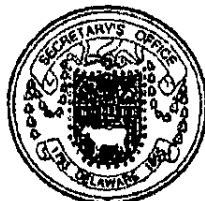
Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "5901 MANAGER, 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 THIRTIETH DAY OF JUNE, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "5901 MANAGER, LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF JUNE, A.D. 2016.



6082497 8300

SR# 20164732553

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

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 202589970

Date: 06-30-16