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(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
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THE JUL 15 MIN: 2
SECRETARY OF STATE
SECRETARY OF STATE

COVER LETTER

Registration Section

Div	ision of Corporations			
SUBJECT:	MICDEB, LLC			
SUBJECT.	Name of Limited Liability Company			
	l "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of ad 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:			
	STEVE ECKERT			
	Name of Person			
•	ALL BUSINESS DOCUMENTS, INC.			
	Firm/Company			
	2520 GOUGH ST			
	Address			
	SAN FRANCISCO, CA 94123			
	City/State and Zip Code			
	DSYMINGTON@WEICHERT.COM			
For further in	E-mail address: (to be used for future annual report notification)			
ST	EVE ECKERT 855 771 - 2477			
	Name of Contact Person Area Code Daytime Telephone Number			
Div Reg P.O	ILING ADDRESS: ision of Corporations pistration Section Box 6327 Bahassee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			
	a check for the following amount: S125.00 Filing Fee			
Ple	EASE SEND CERTIFIED COPY USING			

ENCLOSED PRE-PAID USPS ENVELOPE.

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:

<u> </u>	ign Limited Liability Company; must includ		
(If name unavailable, enter all Liability Company," "L.L.C,"	ternate name adopted for the purpose of tran 'or "LLC.")	sacting business in Florida. The alternate n	name must include "Limited
2. NEW JERSEY	3		
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicab	ole)
4			
	(Date first transacted business in Flo (See sections 605.0904 & 605.0905, F.	S. to determine penalty liability)	
5. 216 Admiral Ave			
Beachwood, NJ 08722			三 SE 3
	(Street Address of Principal	Office)	
6 216 Admiral Ave	•	,	
		· · · · · · · · · · · · · · · · · · ·	一篇三元
Beachwood, NJ 08722	(Mailing Address)		
	` -		
7. Name and street addres	s of Florida registered agent: (P.O. Box	NOT acceptable)	5 Z
Name:	DEBRA SYMINGTON		
Office Address:	150 S HOLLYWOOD AVE		
	DAYTONA BEACH	, Florida 32118	
	(City)	(Zip code)	
designated in this applicate to complywith the provision	gistered agent and to accept service of piton, I hereby accept the appointment alons of all statutes relative to the proper my position as registered agent. (Registered agent)	s registered agent and agree to act in and complete performance of my dut	this capacity. I further agree
8. The name, title or capa	city and address of the person(s) who ha	s/have authority to manage is/are:	
DEBRA SYMINGTON, I	MEMBER, 150 S HOLLYWOOD AVE	DAYTONA BEACH FL 32118	
	of existence, no more than 90 days old, of which it is organized. (If the certificate abmitted)		
ſ	Signature of an au	thorized person	<u></u>
		•	
I his document is executed submitted in a document to	in accordance with section 605.0203 (1) the Department of State constitutes a th) (b), Florida Statutes. I am aware that a ird degree felony as provided for in s 8	any talse information

Typed or printed name of signee

DEBRA SYMINGTON

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

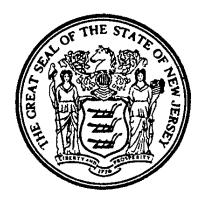
MICDEB, LLC 0400707296

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on December 08, 2014.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

GEORGE C SYMINGTON 216 ADMIRAL AVE BEACHWOOD, NJ 08722-2806



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 11th day of July, 2016

Ford M. Scudder Acting State Treasurer

Certificate Number: 6072812320

Verify this certificate online at

https://www1.state.nj.us/TYTR StandingCert/JSP/Verify Cert.jsp

FILED

16 JUL 15 MIII: 22

SECRETARY OF STATE

TALLAHASSEE ENTRIE