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| Certified Copies | Certificates | of Status |
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TALLAHASSEE FLORIDA

AUG 0 8 2016 S. YOUNG



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 25, 2016

HELEN M MITTELMAN SONN & MITTELMAN 2999 NE 191 STREET STE 409 AVENTURA, FL 33180

SUBJECT: 2250 WEST SOUTHBRANCH, L.L.C.

Ref. Number: W16000051569

We have received your document for 2250 WEST SOUTHBRANCH, L.L.C. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

An individual must sign on behalf of the business entity you have designated as the registered agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young Regulatory Specialist II

Letter Number: 516A00015515

attention Shelia Hyoung

2016 AUG - 5 PM 3: 45

www.sunbiz.org

COVER LETTER

Registration Section
Division of Corporations

TO:

| SUBJECT: 0250 West Southbranch, L.L.C. Name of Limited Liability Company | | |
|--|-------|--|
| The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," C Existence, and check are submitted to register the above referenced foreign limited liability company to transact business. | | |
| Please return all correspondence concerning this matter to the following: | | |
| Helen M. Mittelman Name of Person | | |
| Sonne Mittelman, P.A. Firm/Company | | |
| 2999 NS 191 St. Surte 409 | | |
| Address Address Activity/State and Zip Code | | |
| E-mail address: (to be used for furture annual report notification) | | |
| For further information concerning this matter, please call: | T SEA | |
| Helen Mittelman at (25) 4100-9497 Name of Contact Person at (25) Daytime Telephone Number | | |
| MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301 | | |
| Enclosed is a check for the following amount: 12.5.00 Filing Fee Distribution of Status 13.5.00 Filing Fee Distribution of Status 13.5.00 Filing Fee Distribution of Status Certified Copy 13.5.00 Filing Fee Distribution of Status Certified Certified Certified Certified Certified Certified Certified Cer | | |

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. Q250 West South Ordinal Lability 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. |
| (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 5. ONE STAY FARM ROAD (Street Address of Principal Office) |
| 6. CIO. 1. REISS & SON 200 East Wist Street, Apt. 29F, New York, NY (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) SON DE MITTELLMAN OA |
| Name: Office Address: Office Address: |
| designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to complywith 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. Signature |
| 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Manager: 1. Reiss & son a NewYork general Partnership Hadress: Ohl Star Farm Road Partnership Purchase, NY 10577 |
| 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) Separate 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. Helen M. W. Helman Typed or printed name of signee |

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "2250 WEST SOUTHBRANCH, L.L.C." 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-FIRST DAY OF JULY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "2250 WEST SOUTHBRANCH, L.L.C." WAS FORMED ON THE FOURTH DAY OF FEBRUARY, A.D. 1998.

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

16.111 22 PH 3: 1L

and corn delaware sow/aw

Authentication: 202696513

Date: 07-21-16

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SR# 20165010321