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K. SALY EXAMINER

SEP 13

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 287625 7532900

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE: September 12, 2016

ORDER TIME : 3:59 PM

ORDER NO. : 287635-005

CUSTOMER NO: 7532900

## FOREIGN FILINGS

NAME: SN 1067, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER:

## 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: SN 1067, 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 "LL.C.") 2 Delaware (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability) 2808 NE 1st Avenue Wilton Manors, FL 33334 (Street Address of Principal Office) 2808 NE 1st Avenue Wilton Manors, FL 33334 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) RA Feingold Law & Consulting, P.A. Name: 401 E. Las Olas Boulevard, Suite 1400 Office Address: , Florida <sup>33301</sup> Ft. Lauderdale (City) 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 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. (Kegistered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: James Torrey, Manager 2808 NE 1st Avenue Wilton Manors, FL 33334 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 organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) 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. James Torrey

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 "SN 1067, 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 TWELFTH DAY OF SEPTEMBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SN 1067, LLC" WAS FORMED ON THE TWELFTH DAY OF SEPTEMBER, A.D. 2016.

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

Authentication: 202972878

Date: 09-12-16

6149191 8300

SR# 20165738785

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