DCT-24-2016 13:39 From: 302-575-1642 Division of Corporations Division of Corporations Division of Corporations Electronic Filing Cover Sheet	5
Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document. (((H16000260957 3)))	
Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page, Doing so will generate another cover sheet. To: Division of Corporations Fax Number : (850) 617-6383 From: Account Name : AGENTS AND CORPORATIONS, INC Account Number : I20010000112 Phone : (302) 575-0875 Fax Number : (302) 575-1642	ata m kya n Stateg
Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. Email Address: Foreign Limited Liability Company AELLA, LLC Certificate of Status Certified Copy 0 5	SECRETARY OF STATE
Certificate of Status Certificate of Status Certificate of Status Certificate of Status Certificate of Status Certificate of Status Certificate of Status Page Count DI Estimated Charge CCT 25 2016 S, YOUNG	2000 F

Electronic Filing Menu Corporat

Corporate Filing Menu

Help

OCT-24-2016 13:39 From: 302-575-1642

, Pase:3/4

H16000260957 3

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 603,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

AELLA, LLC

(Name of Poreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") AFTHONIA, 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,")

*		3		
()	trisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable)	
4.	τ	Ipon Qualification		
_		(Date first transacted business in Florida, if prior (See sections 605,0904 & 605,0905, F.S. to datarmi	to registration.) ne penalty llability)	
5	5715 W	richange Red		
	Pala Bec	ch Cardons, FL 33418		10
		(Street Address of Principal Office)		5 53
6	us above			DOT AREIT
				2
-		(Mailing Address)		21 SERVE
7. 1	Name and <u>street addres</u>	ss of Florida registered agent: (P.O. Box NOT acce	stable)	AN COP
	Name:	AGENTS AND CORPORATIONS, INC.		Legit Contraction
	Office Address:	300 PIFTH AVENUE SOUTH, STE 101-330		5 57
		NAPLES	Florida 34102	. مې ا
		(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 complywith the provisions of all statutes relative to the proper and complete performance of my dutics, and I am familiar with and accept the obligations of my possiblen as registered agent.

writte ST. SECROLAN (Registered agent's fignatur

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

Sharen Hollis	Litle - Director
5715 Whichmany	Rd
Falm Beach Gardens	FL 33418

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 onth 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.

Sharen	Hollis				
Typed or printed name of signee					

OCT-24-2016 13:40 From: 302-575-1642

Pase:4/4



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AELLA, 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-FIRST DAY OF OCTOBER, A.D. 2016.

AND I DO MEREBY FURTHER CERTIFY THAT THE SAID "AELLA, LLC" WAS FORMED ON THE THIRTEENTH DAY OF APRIL, A.D. 2015.

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

3 12 100 AM 9:5

.. .. .



Authentication: 203203030 Date: 10-21-16

5727827 8300 SR# 20166308679 You may verify this certificate online at corp.delaware.gov/authver.shtml 1 N

 OCT-24-2016
 13:39
 From: 302-575-1642
 Page: 2/4

 850-617-6381
 10/24/2016
 10:02:23
 AM
 PAGE
 1/001
 Fax Server



October 24, 2016

1

MORIDA DEPARTMENT OF STATE Division of Corporations SECRETARY OF THE STATE

AGENTS AND CORPORATIONS, INC

SUBJECT: AFTHONIA, LLC REF: W15000072071

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

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.

Jenna D Harris Regulatory Specialist II FAX Aud. #: H16000260957 Letter Number: 516A00022728

പ ECENE 2016 OCT 24 PM $\overline{\alpha}$

P.O BOX 6327 - Tallahassee, Florida 32314