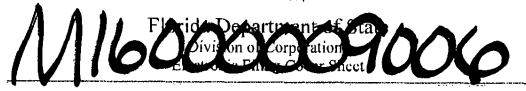
11/9/2016

Division of Corporations



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: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Phone

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## Foreign Limited Liability Company Pated LLC

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COVER	LETTER

	gistration Section dation of Corporation	ons					
SUBJECT:	PATED LLC						
		Name of	Limited Linbility C	ompany			
The enclosed Existence, ar	l "Application by Fo id check are submitt	reign Limited Liability Comp ed to register the above refere	eny for Authorizat meed foreign limite	tion to Tra ed liability	ensact Business in Plorida," Certificate y company to transact business in Piori		
Please return	all correspondence	concerning this matter to the	following:				
	Rox Barker						
		N	ane of Person	****			
	Jase Milton &	Associates					
		FI	пп/Сопірапу		······································		
	3211 Ponce D	3211 Ponce De Leon Boulevard STB 301					
	<del></del>		Address				
	Coral Gables,	Coral Gables, Florida 33134					
		City/S	tate and Zip Code				
	r <b>ox</b> barkor@j-mi	lton.com					
		B-mail address: (to be used	for future annual i	ton trugor	ification)		
For further in	formation concernit	ng this matter, please call:					
Rex	Barker		305 at f	460-63	00		
_ <del></del>	Name	of Contact Person	Area Code	Day	time Telephone Number		
Diyi Regi P.O.	ILING ADDRESS; sion of Corporation istration Section Box 6327 ahassee, FL 32314			Division Registrati Clifton B 2661 Exe	ADDRESS: of Corporations ion Section uilding cutive Center Cirole ee, FL 32301		
	check for the follow 125.00 Filling Pee	cing amount:  \$\Begin{align*} \Pi \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	□ \$155.00 Filing Certified Copy	Peo &	☐ \$160.00 Piling Fee, Certificate of Status & Cortified Copy		

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

IN COMPLIANCE WITH SEC COMPANY TO TRANSACT BU	THON 603.0912, FLORIDA STATUTES, THE FOLLOF ISINESS INTHE STATE OF FLORIDA:	MAG & SUBMITTED TO REGISTER A FOR	RICK LIMITED LIABILITY
1. PATED_LLC	eign Limited Liability Company; must include "Lim	ided Linbillity Company," "L.L.C.," or "LL.	C.")
(If name unavailable, enter al Liability Company," "L.L.C.	Itemate name adopted for the purpose of transacting	businoss in Piorida. The alternate name m	ist include "Limited
2. Dalaware			
(Jurisdiction under the law company is organized)	of which foreign limited liability	(PEI number, if applicable)	<del></del>
4. Unknown			<u> 의 _                                  </u>
	(Date first transacted business in Florida, in (See sections 605.0904 & 605.0905, P.S. to d	prior to registration.)	16 1
3211 PONCE DE LEC	ON BLVD., SUITE 301	otermino ponercy depinty)	NON KON
CORAL GABLES, FL	.33134		16 NOV -8 AM 9: 12 DIVISION OF CONTORALIONS
	(Street Address of Principal Office		
6			370
3211 Ponce De Leon E	Boulovard Suite 301 Coral Gables, PL 33134		9: 12
	(Mailing Address)		<b>₹</b> 70
7. Name and street addres	s of Plorida registered agent: (P.O. Box NOT	Lacceptable)	<u> </u>
Name:	CT Corporation System	- ,	
Office Address:	1200 South Pine Island Road	·	
***************************************	Plantation	, Florida 33324	
	(City)	, Fionda(Zip code)	
designated in this application complywith the provision accept the obligations of a	tance: gistered agent and to accept service of process. itom, I hereby accept the appointment as regis ons of all statutes relative to the proper and co my position as registered agent. C'T Corporation System  (Registered agent's sig	tered agent and agree to act in this cap complete performance of my duties, und  Allege Assets  Assets  Allege Assets  Assets  Allege Assets  As	pacity. I further agree
8. The name, title or capa	city and address of the person(s) who has/have	authority to manago la/ore:	
Joseph Milton, Managor	Cooli Milton, Manager Frank Milton, Ma	nager Rex Barker, Manager	
3100 Ponce De I	eon Blvd., Ste. 301 Coral	Gables, FL 33134-6817	<del></del>
	of existence, no more than 90 days old, duly so of which it is organized. (If the certificate is in ibmitted)  Signature of an authorize	a foreign lenguage, a translation of the	
This document is exceuted submitted in a document to	in accordance with section 605.0203 (1) (b), f the Department of State constitutes a third deg	forida Statutes. I am aware that any fals	e information P.S.
	Rex Barker  Typed or printed name of	ciones	
	A POO AL INTIDO HERIO OL	m181-44	

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## **Delaware**

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PATED 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 THIRD DAY OF NOVEMBER, A.D. 2016.

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

5777686 8300 SR# 20166494282

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

Authentication: 203279875

Date: 11-03-16