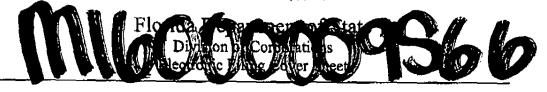
11/30/2016

Division of Corporations



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To:

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From:

Account Name : VCORP SERVICES, LLC

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Phone : (845)425-0077
Fax Number : (845)818-3588

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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DIGNOV 30 PH 4: 56 Secretary of State Uliahasspe, Florida

## Foreign Limited Liability Company Ameritel of Macclenny, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
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Electronic Filing Menu

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D. SCOTT DEC 1 2016

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

IN COMPLIANCE WITH SECTION 605.0802, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Amerital of Maccienny, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, onter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.") (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) (Date first transacted business in Florids, If prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 250 47TH STREET Brooklyn, NY 11220 (Street Address of Principal Office) 250 47TH STREET Brooklyn, NY 11220 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Michele Sassman Name: 1800 Bay Road Office Address: Florida 33139 Miami Beach (City) Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation 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 comply with 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. (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Michael Ziegler, Member 1250 47TH STREET, Brooklyn, NY 11220 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) 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.

Typed or printed name of signee

Michael Ziegler, Member

## Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "AMERITEL OF MACCLENNY, 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-NINTH DAY OF NOVEMBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AMERITEL OF MACCLEMNY, LLC" WAS FORMED ON THE TWENTY-EIGHTH DAY OF NOVEMBER, A.D. 2016.

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



6230535 8300 SR# 20166823823

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

Johnsy W. Bullock, Secretary of State

Authentication: 203412624

Date: 11-29-16