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(Re	questor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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K. SALY DEC 2 0 2016 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500
ACCOUNT NO. : 12000000195
REFERENCE : 426543 4301771
AUTHORIZATION Smelle le man
COST LIMIT \$ 125.00
ORDER DATE : December 16, 2016
ORDER TIME : 10:21 AM
ORDER NO. : 426543-005
CUSTOMER NO: 4301771
FOREIGN FILINGS
NAME: INCLENBERG INVESTMENTS FLORIDA LLC
XXXX QUALIFICATION (TYPE: LL)
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

EXAMINER:

CONTACT PERSON: Melissa Zender -- EXT# 62956

COVER LETTER

	ration Section on of Corporations					
SUBJECT: IN	NCLENBERG INVESTMENTS FL	ORIDA LLC				
Name of Limited Liability Company						
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida						
Please return a	Il correspondence concerning this ma	tter to the following:				
	Jessica Soojian					
		Name of Person				
	Paul, Weiss, Rifkind, Wharton & Garrison LLP					
		Firm/Company				
	1285 Avenue of the Americas					
		Address				
	New York, NY 10019					
		City/State and Zip Code				
	jsoojian@paulweiss.com					
	E-mail address: (to be used for future annual rep	port notification)			
For further infe	ormation concerning this matter, plea	se call:				
Jessi	ica Soojian	at (212	373-3000			
	Name of Person	Area Code	Daytime Telephone Number			
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circ Tallahassee, FL 32301	le			
	a check for the following amore 25.00 Filing Fee \$\square\$	ng Fee & 🔲 \$155.00 Filing				

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 I IMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

IMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STA	HEOF FLORIDA:
(Name of Foreign Limited Liability Company; must include "I	.imited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of consent of the managers or managing members adopting the alternate Company," "L.L.C," "LLC.")	transacting business in Florida and attach a copy of the written name. The alternate name must include "Limited Liability
<i>1</i> .	1-4161419
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
4. upon filing	· FE S
(Date first transacted business in Florida (See sections 605.0904 & 605.0905, F.S. t	if prior to registration.) to determine penalty liability)
5. 350 Royal Palm Way, Suite 501	
Palm Beach, Florida 33480	E OF S
(Street Address of P	rincipal Office)
6. P.O. Box 270	
Palm Beach, Florida 33480	
(Mailing A	idress)
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
Eileen M. Capone, Vice President	
350 Royal Palm Way, Suite 501, Palm Beach, Florida 3	3480
8. Attached is an original certificate of existence, no more than 90 days in the jurisdiction under the law of which it is organized. (A photocopy translation of the certificate under oath of the translator must be submitted.)	y is not acceptable. If the certificate is in a foreign language, a
Signature of an au	•
(In accordance with section 605.0203, F.S., the execution penalties of perjury that the facts stated herein are true. I document to the Department of State constitutes a ti	of this document constitutes an affirmation under the am aware that any false information submitted in a hird degree felony as provided for in s.817.155, F.S.)
Eileen M. Capone	

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name	of the Limited Liabil	ity Compa	ny is:			
INCLENBERG	INVESTMENTS FLOR	RIDA LLC				
If unavailable	, the alternate to be u	sed in the	state of Flori	ida is:		
2. The name	and the Florida street	address o	f the register	red agent and o	office are:	INCOME SECTION
	Corporation Service	e Company				五年
			(Name)		A. 10 to 1	RY OF
•	1201 Hays Street					
	Florida	a Street Addr	ress (P.O. Box	NOT ACCEPTABL	E)	
	Tallahassee		FL	32301		
			City/State/2	Zip		_
liability comp registered ago statutes relati	named as registered a pany at the place desig ent and agree to act in ing to the proper and a ligations of my position	gnated in th n this capa complete p	his certificate city. I furthe performance c	e, I hereby acce r agree to com of my duties, a	ept the appoin ply with the p nd I am famili in Chapter 60	tment as rovisions of all ar with and)5, Florida
Çidinib.	0	0				sa Zender
	Corporation Service	Company 1/1	11 -11-11	<i>f</i>	Asst. V	ce President
	By:	(Signa	tyre)	22		
		\$ 100.00	Filing Fee	for Application	on	
		\$ 25.00	~	on of Register	~	
		\$ 30.00		Copy (optiona	•	
		\$ 5.00	Certificate	e of Status (op	tionalj	

Page 1

<u>Delaware</u>

The First State

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

DELAWARE, DO HEREBY CERTIFY "INCLENBERG INVESTMENTS FLORIDA 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 SIXTEENTH DAY OF DECEMBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "INCLENBERG INVESTMENTS FLORIDA LLC" WAS FORMED ON THE THIRTEENTH DAY OF OCTOBER, A.D. 2016.

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





Authentication: 203532956

Date: 12-16-16