Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:	
	Division of Corporations Fax Number : (850)617-6383
	77.
From:	Account Name : CORPORATE CREATIONS INTERNATIONAL I
	Account Name : CORPORATE CREATIONS INTERNATIONAL 1 Account Number : 110432003053
	Phone : (561)694-8107
	Fax Number : (561)694-1639
nual repo	ess:
nual repo	Foreign Limited Liability Company
nual repo	Foreign Limited Liability Company 1050 OCEAN SHORE BLVD LLC
nual repo	Foreign Limited Liability Company
nual repo	Foreign Limited Liability Company 1050 OCEAN SHORE BLVD LLC Certificate of Status
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Corporate Filing Menu

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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.

•	ompany," "L.L.C.," or "LLC")	
If name unavailable, enter alternate name adopted for the purpose of transacting business in F. iability Company," "L.L.C," or "LLC,")	iorida. The alternate name must include	"Limited
DELAWARE	·	
(Jurisdiction under the law of which foreign limited liability company is organized)	FEI number, if applicable)	
DECEMBER 1, 2016		
(Date first transacted business in Florida, if prior to regis (See sections 605.0904 & 605.0905, F.S. to determine pena	iration.)	
2071 FLATBUSH AVE STE 22		71
*		- Carren
BROOKLYN, NY 11234 (Street Address of Principal Office)		_ m
2071 FLATBUSH AVE STE 22	OF S	
BROOKLYN, NY 11234	DRIII	
(Mailing Address)		<u> </u>
7. The name title or conspitu and address of the personn(s) who has/har	ve authority to manage ig/are:	
ZEVI KOHN - MGRM	ve authority to manage is/are:	
7. The name, title or capacity and address of the person(s) who has/ha ZEVI KOHN - MGRM 2071 FLATBUSH AVE STE 22 BROOKLYN, NY 11234	ve authority to manage is/are:	

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

AGENT IN THE STATE OF FLORIDA.	•
The name of the Limited Liability Company is: 1050 OCEAN SHORE BLVD LLC	
If unavailable, the alternate to be used in the state of Florida is:	
2. The name and the Florida street address of the registered agent and office are:	
INTERSTATE AGENT SERVICES LLC	
(Name)	•
1540 GLENWAY DRIVE	
Plorida Street Address (P.O. Box NOT ACCEPTABLE)	·

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes.

City/State/Zip

32301

TALLAHASSEE

(Signature)

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Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "1050 OCEAN SHORE BLVD 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 NINETEENTH DAY OF JANUARY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "1050 OCEAN SHORE BLVD LLC" WAS FORMED ON THE EIGHTEENTH DAY OF AUGUST, A.D. 2016.

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

Authentication: 201895803

Date: 01-19-17