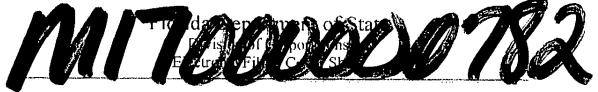
1/27/2017

Division of Corporations



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.

(((H170000258043)))



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 : C T CORPORATION SYSTEM

Account Number: FCA0000000023

Phone : (614)280-3338 Fax Number : (954)208-0845

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

Email:	Address:			
rmatt	AUGULESS:			

Foreign Limited Liability Company SRL1 LLC

Certificate of Status	0
Certified Copy	U
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu Corporate Filing Menu

Help

n ARUCE TIOS OF HAL

4

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

DV CYDSPLIANCE BYTH SEXT COMPANETO TRANSACT BE			LOGING IS SUBMITTED TO REGISTER.	LECKERA LIMITED LIABILIA
SRLITLC (Name of Fore	ign Limited Liabilit	y Company; must include	Limited Liability Company, 1911, L.P., 6	न पार भ
Liability Company," "Lik-C,"	terrate name adopte	ad for the nurpose of transa	cting business in Florida. The alternate as	ene must include "Limited
1 Delaware				
(Junsdiction under the law company is organized)	of which foreign lin	alied liability	(FPI number, it applicable	¢)
4.	TOTAL ELLI			=
5. 2699 S. Bayshore Driv		605:0904 & 605:0905, F.S	da, if prior to registration.) . in determine penulty-liability)	
Miami, FL 33133				
6. 2699 S. Bayshore Drive		evet Address of Principal (()(fice)	
Miseni, FL 33131	1-1-1			
		(Mailing Address)		
7. Name and street address	is of Florida regist	iered agent: (P.O. Box	NOT acceptable)	
Name:	Steven M. Donn	H).		
Office Address:	2699 S. Bayshoe	re Drive; Suite 300	n, can half and decouples	
	Miami		, Florida (2)p code)	
		(City)	(Zip code)	
designated in this applica	gistered agent an tion, I hereby acc ons of all statutes	ept the appointment as relative to the proper a	vicess for the above stated limited lia registered agent and agree to act in t and complete performance of my duti	his capacity. I further agree
		(Registered agen	('s signature)	
8. The name, title or caps Speaces Residential Limit		of the person(s) who has	three muthority to manage is/are:	
Room A., 7/P., China Over	rseas Bidg	•		
139 Hennessy Road, War	ichai, Hong Kong			-dynamic Gangg phare to the State Officers. park to Market graphs in the State Officers.
9. Attached is a certificate jurisdiction under the law of the translator must be sp	of which it is orga	note than 90 days old, dunized. (If the certificate	uly authenticated by the official having is in a foreign language, a translation	g custody of records in the of the curtificate under onth
•	•			•
	the Department's	of State constitutes a thir	(b), Florida Statutes, I am aware that a didegree telony as provided for in s.81	
	Michail A. Tsan			<u>u</u> s.
		Typed or printed nee	na of signes	

<u>Delaware</u> The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "SRL1 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-SEVENTH DAY OF JANUARY, A.D. 2017.

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

6296695 8300 SR# 20170487575

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

Authentication: 201942851

Date: 01-27-17