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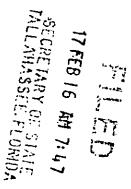
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133I SE OCEAN BOULEVARD STUART, FLORIDA 34996 P 1772) 287-4404 F 1772) 287-4044

February 15, 2017

Via Federal Express

Secretary of State Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

RE: Open Mind Bal Harbour, LLC

Dear Sirs:

ALAN LINDSAY PAUL B. ERICKSON

DAVID H. BAKER WILLIAM W. ATTERBURY III

ROBB R. MAASS

LOUIS L. HAMBY III

CAROL S. WAXLER BRUCE A. McALLISTER CATHERINE KENT DAVID R. MAASS

M. TIMOTHY HANLON

WARREN D. HAYES, SR. STUART J. HAFT

CHRISTINE BIALCZAK

Enclosed please find the original and one copy of an Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida, along with a good standing certificate from the state of Delaware and our check for the \$125.00 filing fee. Please file the original application and return a stamped copy to me at your earliest convenience.

Sincerely,

ALLEY, MAASS, ROGERS

BY: loss chamber 6 LOUIS L. HAMBY III

& LINDSAY, P.A.

LLH III/cr

Enc.

COVER LETTER

		tion Section of Corporation	ns				
SUBJEC		n Mind Bal Har	bour, LLC				
SUBJEC	-1; <u> </u>		Name of	Limited Liability (Company		
						ansact Business in Florida," Certificate of y company to transact business in Florida.	
Please re	turn all c	orrespondence o	concerning this matter to the	following:			
		Louis L. Hamb	у III				
			N	ame of Person			
		Alley Maass Rogers & Lindsay P.A.					
	Firm/Company						
		340 Royal Poinciana Way, Suite 321					
	Address Palm Beach, FL 33480						
			City/S	tate and Zip Code			
	11	hamby@amrl.co					
	_		E-mail address: (to be use	d for future annual	report not	ification)	
For furthe	er inform	ation concernin	g this matter, please call:				
Louis L. Hamby III			561 at (659-17	70		
		Name o	l'Contact Person	Area Code	Day	time Telephone Number	
]]	Division Registrat P.O. Box	G ADDRESS: of Corporations ion Section 6327 see, FL 32314			Division of Registrati Clifton B 2661 Exe	ADDRESS: of Corporations ion Section uilding cutive Center Circle ee, F1, 32301	
		k for the follow 00 Filing Fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filir Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy	

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

IN COMPILANCE 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:

N/A (If name unavailable, enter altern Liability Company, "L.L.C," or 2. Delaware (Jurisdiction under the law of v company is organized)	ate name adopted for the purpose of tran "LLC.")	le "Limited Liability Company." "L.L.C.," or sacting business in Florida. The alternate nar	·
Liability Company," "L.L.C," or Delaware (Jurisdiction under the law of v company is organized)	"LLC.")	sacting business in Florida. The alternate nar	me must include "Limited
2. Delaware (Jurisdiction under the law of v company is organized)			
(Jurisdiction under the law of v company is organized)	3	47 4583804	
company is organized)	which foreign limited liability	47-4583804 (FEI number, if applicable	1
no business transacted yet	-	(12) Halling (12) approach	,
1. Ito ousmoss transacted yet	- will be in future		_
	(Date first transacted business in Flo (See sections 605.0904 & 605.0905, F	orida, if prior to registration.) .S. to determine penalty liability)	
5. 509 Bald Eagle Drive			_
Jupiter, FL 33477			- Zv
	(Street Address of Principal	Office)	- [[:: 17
6. 509 Bald Eagle Drive			
Jupiter, FL 33477			108 16 ASSI
-	(Mailing Address))	
7. Name and street address of	Florida registered agent: (P.O. Box	NOT acceptable)	
Name: L	ouis L. Hamby III, Esq.		Trus SJAH CORID
Office Address: 34	0 Royal Poinciana Way, Suite 321		\$ "
Pa	alm Beach	, Florida 33480	
.	(City)	(Zip code)	-
lesignated in this application	ered agent and to accept service of p i, I hereby accept the appointment a of all statutes relative to the proper position as registered agent.	process for the above stated limited liables registered agent and agree to act in the and complete performance of my duties	is capacity. I further agi
	(Registered age	confoy 18	_
	(Registered age	nt s signature)	
8. The name, title or capacity	and address of the person(s) who ha	is/have authority to manage is/are;	
Robert Grossman, Manager			
Lynne Grossman, Manager			 -
3	 		

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.

Livis Co Handey IE, withousal representative





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

DELAWARE, DO HEREBY CERTIFY "OPEN MIND BAL HARBOUR, 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 FEBRUARY, A.D. 2017.

at corn delaware gov/aut

Authentication: 201982708

Date: 02-03-17