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(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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TO THE KALL THE COLOR

MAR 2 7 2017 Y SULKER

COVER LETTER

Division of Corporations	
SUBJECT: AMDAR REAL ESTATE, LLC	
Name of Limited Liability Company	
The enclosed "Application by Foreign Limited Liability Company for Authorization to Tra Existence, and check are submitted to register the above referenced foreign limited liability	
Please return all correspondence concerning this matter to the following:	
My Corporation Business Service	es, Inc.
Name of Person	
Firm/Company	
26025 Mureau Road Suite 120	,
Address	
Calabasas, CA 91302	
City/State and Zip Code	
processing@mycorporation.com	
E-mail address: (to be used for future annual report notific	ation)
For further information concerning this matter, please call:	
Processing Department at 877 692	2-6772
	ytime Telephone Number
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	
Enclosed is a check for the following amount: \$\Bigsim \frac{1}{2}\$ \$125.00 \text{ Filing Fee} \Bigsim \frac{1}{2}\$ \$130.00 \text{ Filing Fee & Certificate of Status} \Bigsim \frac{1}{2}\$ \$155.00 \text{ Filing Fee & Certified Copy}	□ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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: AMDAR REAL ESTATE, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.") Washington (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 578 Sutton Way #210 Grass Valley, CA 95945 (Street Address of Principal Office) 578 Sutton Way #210 Grass Valley, CA 95945 (Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are Adam Kroner - Authorized Member - 578 Sutton Way #210 Grass Valley, CA 95945 Eldar Nisenbaum - Authorized Member - 578 Sutton Way #210 Grass Valley, CA 95945 8. Attached is an original 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. (A photocopy is not acceptable. 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 (In accordance with section 605,0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true, 1 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.) Adam Kroner, Authorized Member

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 nam	e of the	Limited	Liability	Company	is:

AMDAR REAL ESTATE, 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:

	(Name)	*.
5237 Summerlin Commo	ons Suite 400	<u> </u>
Florida Stree	t Address (P.O. Box NOT ACCEPTABLE)	AS.
Fort Myers	33907 FL	
	City/State/Zip	

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.

(Signature)

Kristin Prell, Manger of Legalinc Corporate Services Inc.

5.00

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent **Certified Copy (optional)** \$ 30.00 **Certificate of Status (optional)**



Secretary of State

I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

AMDAR REAL ESTATE, LLC

I FURTHER CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 10/14/2010.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest and penalties owed to this state and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Date: March 15, 2017

UBI: 603-056-118

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Kim Wyman, Secretary of State

