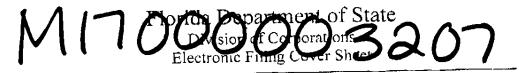
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Account Name : BERGER SINGERMAN LLP, FT.LAUDERDAL

Account Number : 120020000154 : (954)525-9900 Phone

Fax Number : (954)523-2872

\*\*Enter the emeil address for this business entity to be used for future

annual report mailings. Enter only one email address please.\*\* Email Address: laurence herrup (a) therrupepa.

> Foreign Limited Liability Company IA MANATEE, LLC

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

IN COMPILANCE WITH SECTION 605.000, FLORIDA STATUTES, THE POLICIANG IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIBILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

IA MANATEE, LLC			
(Nume of Forci	gn Limited Liability Company; must include	Limited Liability Company," "L.L.C.," or "LLC."	)
			r and sit to tend
If name unavailable, enter alto	ernate name adopted for the purpose of transcr	cling business in Florida. The alternate name must	include "Dimited
iability Company," "L.L.C,"		Applied for	
Delaware	3 of which foreign limited hability	(FEI number, if applicable)	
company is organized)	, which to be given in the control of the control o		
Upon filing.	- It allows to What	du il azior to maistration	
	(Date first transacted business in Flori (See sections 605.0904 & 605.0905, F.S	to determine penulty hability)	
1 Grave Isle Drive, #15	509		17
			APR 13
Miami, Florida 33133	(Street Address of Principal C	Hice)	
1 Grove Isle Drive, #15			$\omega$
, (Gidve isle Difve, als			宝 一
Miami, Florida 33133			<b>.</b>
	(Mailing Address)		50
. Name and street addres	s of Florida registered agent: (P.O. Box	NOT acceptable)	O .
	Laurence A. Herrup		
Name:	206 71 or Course		
Office Address:	326 71st Street		
	Miann Beach	, Plorida	
	(City)	(Zip code)	
designated in this applica to complywith the provisi	gistered agent and to accept service of p	rocess for the above stated limited liability or registered agent and agree to act in this cap and complete performance of my duties, and	
accejn ine obtiguitions of	/s/ Laurence A. Herrup		
	(Registered ager	nt's signature)	
8 The name, title or cap Isabelie Amdur, Manager	acity and address of the person(s) who ha	sthave authority to minage islate.	. <u> </u>
1 Grove Isle Drive, #150	9		
Miami, Florida 33133			<del></del>
			adv of records in the
<ol> <li>Attached is a certificate jurisdiction under the law of the translator must be:</li> </ol>	of which it is organized. (If the certificat	duly authenticated by the official having custo e is in a foreign languago, a translation of the	certificate under oath
	/s/ Marc S. Shust		
	Signature of an au		
This document is execute submitted in a document	ed in accordance with section 605,0203 (To the Department of State constitutes a th	) (b), Florida Statutes. I am aware that any fals ird degree felony as provided for in s.817.155	e information F.S.
	Marc S. S	Shuster	
	Typed or printed n	anse of signee	

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## Delaware

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "IA MANATEE, 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 THIRTEENTH DAY OF APRIL, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "IA MANATEE, LLC" WAS FORMED ON THE THIRTEENTH DAY OF APRIL, A.D. 2017.

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

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

Authentication: 202372891

Date: 04-13-17