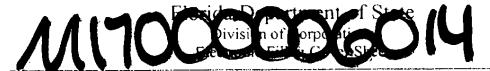
Division of Corporations



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## Foreign Limited Liability Company CLP 163 Barry LLC

Certificate of Status	0
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	Registration Section Division of Corporations				
	CLP 163 Barry LLC				
SUBJEC	T: Name of L	imited Liability Company			
The enclo	osed "Application by Foreign Limited Liability Compo , and check are submitted to register the above referen	any for Authorization to Tra need foreign limited liability	nsact Business in Florida," Certifica company to transact business in Flo	te of orids	
Please re	turn all correspondence concerning this matter to the f	following:			
	Adam Schlesinger				
	Na	ine of Person			
	c/o Copperline Partners				
	Firn/Company				
	1801 S. Australium Avenue				
		Address			
	West Palm Beach, Florida 33409				
	City/St	ate and Zip Code			
	aschlesinger@copperlinepartners.com				
	E-mail address: (to be used	for future annual report no	uficution)		
For furth	or information concerning this matter, please call:				
	Adam Schlesinger	_at (_561 )	835-4003		
	Name of Contact Person	Area Code Day	rtime Telephone Number		
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	Division Registrat Clifton E 2661 Ex	r ADDRESS: of Corporations ion Section Building coutive Center Circle see, FL 32301	FILLED THE 25	
Enclose	d is a check for the following amount:  \$\Pi\$\$ \$125.00 Filing Fee \$\Pi\$\$ Certificate of Status	S155.00 Filing Fee & Certified Copy	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy		

2000

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

IN COMPLIANCE, WITH SECTION 605,0002, FLORIDA STATUITS, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: L CLP 163 Barry 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.") 82-1927510 Delawate (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) n/a (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 1801 S. Australian Avenue West Palm Beach, Florida 33409 (Street Address of Principal Office) 1801 S. Australlian Avenue West Palm Beach, Florida 33409 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation System 1200 South Pine Island Road Office Address: , Florida \_ 33324 Plantation (City) Registered agent's acceptance: 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 application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree tu complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. (Registant Secretary 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Serumonte Associates Limited Partnership, as Manager - 1801 S. Australian Avenue, West Palm Beach, Fl. 33409 Ropert Schlesinger, as President - 1801 S. Australian Avenue, West Palm Beach, FL 33409 Adam Schlesinger, as Vice President - 1801 S. Australian Avenue, West Palm Beach, FL 33409 9. Attached is a 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. (If the certificate in a foreign language, a translation of the certificate under oath of the translator must be submitted) Signiture of an authorized person

Adam Schlesinger

Typed or printed name of signee

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.317.155, F.S.



Page 1

a i.

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CLP 163 BARRY 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 JULY, A.D. 2017.

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



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SR# 20175218145

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

Authentication: 202876985

Date: 07-13-17