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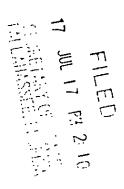
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COVER LETTER

TO:	Registration Section
	Division of Corporation

Prive Goods, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Michael Karsch
Name of Person
Rice Pugatch Robinson Storfer & Cohen, PLLC
Firm/Company
101 NE Third Avenue, Suite 1800
Address
Fort Lauderdale, FL 33301
City/State and Zip Code
mkarsch@rprslaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Karsch

_{at} 561

338-7090

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

■ \$125.00 Filing Fee

☐ \$130.00 Filing Fee & Certificate of Status

☐ \$155.00 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:

		imited Liability Company, "L.L.C.," or "LLC.")	
name unavailable, enter alternate m	ame adopted for the purpose of transacting business	in Flurida. The alternate name must metude "Limited Lia	bihty Company," "L.L.C," or "LLC.")
Delaware		3. <u>81-4692501</u>	bet, if applicable)
(Jurisdiction under the law of w	arch foreign limited liability company is organized)	(FICE CALLES	(CT. II supposement
March 1, 2017			
	(Trate first transacted business in Florida, if pa (See acctions 605,090) & 605,0905, F.S. to d	nor to registration.) letermine penalty liability)	
2000 NE 15th Cour		6. PO Box 158	
(Street Address of I	rincipal Office)	(Mailing Add Howard, OH 43028-015	
Miami, FL 33179	<u>.</u>	710Wald, 011 43020 310	
		a vot . Ha	
. Name and <u>street addres</u>	ss of Florida registered agent: (P.O.	Box NOT acceptable)	
Name:	Craig Pugatch		
Office Address:	101 NE Third Avenue, Suite 1	1800	
Office Address.		22201	
	Fort Lauderdale (City)	Florida 3330 l	<u> </u>
o comply with the provis and accept the obligation	ions of all statutes relative to the pl is of my position as registered agen	roper and complete performance of my	duties, and I am familiar wi
ind accept the obligation	s of my position as registered agen	roper and complete performance of my	- duties, and I am Jamiliar will
and accept the obligation 8. The name, title or cap	s of my position as registered agen	roper and complete performance of my	- duties, and I am Jamiliar will
8. The name, title or cap Title or Capacity:	(Registered agent)	roper and complete performance of my L Agent's signature) Tho has/have authority to manage is/are:	duties, and I am Jamiliar wil
and accept the obligation 8. The name, title or cap	(Registered agent) (Registered agent) (acity and address of the person(s) w	roper and complete performance of my L Agent's signature) Tho has/have authority to manage is/are:	Name-and Address:
8. The name, title or cap Title or Capacity:	(Registered agent) (Registered a	roper and complete performance of my L Agent's signature) Tho has/have authority to manage is/are:	duties, and I am Jamiliar wil
8. The name, title or cap Title or Capacity:	(Registered agent) acity and address of the person(s) w Name and Address: David Schottenstein 9550 Crilina Avenue, Statu SZE	roper and complete performance of my L Agent's signature) Tho has/have authority to manage is/are:	Name and Address:
8. The name, title or cap Title or Capacity:	(Registered agent) acity and address of the person(s) w Name and Address: David Schottenstein 9550 Crilina Avenue, Statu SZE	roper and complete performance of my L Agent's signature) Tho has/have authority to manage is/are:	Name and Address:
8. The name, title or cap Title or Capacity:	(Registered agent) acity and address of the person(s) w Name and Address: David Schottenstein 9550 Crilina Avenue, Statu SZE	roper and complete performance of my L Agent's signature) Tho has/have authority to manage is/are:	Name and Address:
8. The name, title or cap Title or Capacity: Manager	nacity and address of the person(s) ware and Address: David Schottenstein 9550 Critina Avenue, Statu STE Marm. FL 33154	roper and complete performance of my L Agent's signature) Tho has/have authority to manage is/are:	Name-and Address:
8. The name, title or cap Title or Capacity: Manager (Use attachments if neces) 9. Attached is a certification under the lay	David Schottenstein 956 Crime Avenue, Scient STE Marm, Ft. 33154 essary) e of existence, no more than 90 days of which it is organized. (If the cersubmitted)	s old, duly authenticated by the official tifficate is in a foreign language, a transl	Name and Address:
8. The name, title or cap Title or Capacity: Manager (Use attachments if neces) 9. Attached is a certificat jurisdiction under the lay	David Schottenstein 956 Crime Avenue, Scient STE Marm, Ft. 33154 essary) e of existence, no more than 90 days of which it is organized. (If the cersubmitted)	s old, duly authenticated by the official	Name and Address:
8. The name, title or cap Title or Capacity: Manager (Use attachments if neces 9. Attached is a certificat jurisdiction under the law of the translator must be	David Schottenstein 9500 Critica Avenue, Same SSE Where, FL 33154 Secured in accordance with section 60	s old, duly authenticated by the official tificate is in a foreign language, a translationary of an authorized person 5.0203 (1) (b), Florida Statutes, I am aw	Name and Address: having custody of records in tation of the certificate under care that any false information
8. The name, title or cap Title or Capacity: Manager (Use attachments if neces 9. Attached is a certificat jurisdiction under the law of the translator must be	David Schottenstein OSSO Critica Avenue, State STE Marrie, Ft. 33154 Description of State constitute Secuted in accordance with section 60 to the Department of State constitute.	s old, duly authenticated by the official stifficate is in a foreign language, a translationary of an authorized person	Name and Address: having custody of records in thation of the certificate under or

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "PRIVE GOODS, 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 JUNE, A.D. 2017.





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SR# 20174605478

Authentication: 202788586

Date: 06-27-17