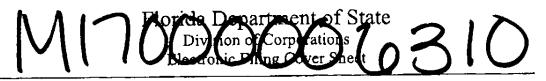
P.001/003

Division of Corporations



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: VCORP SERVICES, LLC Account Name

Account Number : I20080000067

Phone

: (845)425-0077

Fax Number

: (845)818-3588

Enter the email address for this business entity to be used for future annual report mailings. Enter only one emall address please.

- 11	Addrass.			

Foreign Limited Liability: Company Ameritel of Bird Road, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

JUL 26 2019

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Corporate Filing Menu

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1/1

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

Amerital of Bird Road,	LLC		70 Y C 19
(Name of For	sign Limited Liability Company: must include "Limit	ed Liability Company," "L.L.C.," of	r "LLC.")
			me must include "Limited
If name unavailable, enter a liability Company," "L.L.C,	ternate name adopted for the purpose of transacting b	r. Libertuar The first user ne	INC. INC. INC. INC. INC. INC. INC. INC.
DE DE	3		
(Jurisdiction under the law	of which foreign limited liability	(FEI number, if applicable)
company is organized)			
۱،	(Date first transacted business in Florida, if p	rior to registration.)	_
	(See sections 605.0904 & 605.0905, F.S. to det	ermine penalty liability)	
250 47th Street, Brook	lyn, NY 11220		2817 1741 1741
			
	(Street Address of Principal Office)	· · - · · · · · · · · · · · ·	
250 47th Street, Brookl			25
·		·	<u> </u>
	(Mailing Address)		
	• -		<u> </u>
. Name and street addres	s of Florida registered agent: (P.O. Box NOT a	cceptable)	台台 公
Name:	Vcorp Services, LLC		2.*
	5011 South State Road 7, Suite 106		
Office Address:			
	Davie	, Florida 33314 (Zip code)	_
	(City)		
tegistered agent's accep faying been named as re		for the above stated corporation	t at the place designated. Surther garee to comply
his application, I hereby	gistered agent and to accept service of process of accept the appointment as registered agent and statutes relative to the proper and complete perf	agree to act in inis cupucity. It formance of my duties, and I ar	n familiar with and acce
vith the provisions of ou s he obligations of my post	tion as registered agent. A	• •	
, , ,	Numa de la v		_
	(Registered agent's sign	iture)	
	the state of the second of the	whority to manage is/arc:	
	city and address of the person(s) who has/have a	unionity a management	
Michael Ziegler, 250 47th	Street, Brooklyn, NY 11220, Member		
. Attached is a certificate	of existence, no more than 90 days old, duly aud	henticated by the official having	custody of records in the
urisdiction under the law o	of which it is organized. (It the eerunicale 13 ill a	foreign language, a translation o	I tile catificate andor an
if the translator must be su	ibmitted)		
			-
	Signifure of an authorized		
his document is executed	in accordance with section 605.0203 (1) (b), Flo	rida Statutes. I am aware that an	y false information 7,155, P.S.
ubmitted in a document to	the Department of State constitutes a third degree Michael Ziegler	o lololly as provided for in side,	

Typed or printed name of signee ->

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "AMERITEL OF BIRD ROAD, 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-FIFTH DAY OF JULY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AMERITEL OF BIRD ROAD, LLC" WAS FORMED ON THE FIFTH DAY OF JULY, A.D. 2017.

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

الله الرواية التارية

6467562 8300

SR# 20175405167

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

Authentication: 202945826

Date: 07-25-17