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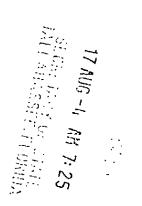
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Office Use Only



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AUG 0 7 2017 J SHIVERS



175 Metro Center Blvd, Suite 4 Warwick, RI 02886 TEL (401) 461-9084 FAX (401) 461-9087 www.restitle.com

August 1, 2017

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

Re: 33418 Egypt Crossing LLC
Authorization to Conduct Business

Dear Sir or Madam,

Enclosed are the forms requesting authorization to conduct business in Florida. The LLC Egypt Crossing, LLC is a Texas LLC, see attached certificate from the Secretary of State in Texas. Also enclosed is our check for \$155 for filing fee and certified copy. To expedite I have enclosed a self-addressed stamp envelope. Please feel free to reach out should you have any questions. Thx

James V. Paolino, Esq.

Commercial Attorney

JVP/pa Enc

## COVER LETTER

TO:	Registration Section Division of Corporation	ons				
SUBJE	33418 Egypt Cro	ssing, LLC				
.,			Limited Liability Con	npany		
					nsact Business in Florida," Certity company to transact business in	
Please	return all correspondence	concerning this matter to the	following:			
	Jay Cardi					
		N	ame of Person			
	-	F	irm/Company			
	75 Bain Road					
	<del></del>		Address			
	Narragansett,	Rhode Island 02882				
		City/S	State and Zip Code			
	jayc64@gmail.c	com				
		E-mail address: (to be use	d for future annual rep	port not	ification)	
For fur	ther information concerni	ng this matter, please call:				
	Jay Cardi		401 5 at ()	595-943	32	
	Name	of Contact Person	Area Code	Day	time Telephone Number	
	MAILING ADDRESS Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314		Di Ro Cl 26	ivision e egistrati lifton Bi 561 Exe	ADDRESS: of Corporations on Section uikling cutive Center Circle ee, FL 32301	
Enclose	ed is a check for the follow ☐ \$125.00 Filing Fee	wing amount:  \$130.00 Filing Fee & Certificate of Status	☑ \$155.00 Filing F Certified Copy	<sup>-</sup> ee &	☐ \$160.00 Filing Fee, Certificated Status & Certified Copy	ite

## 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:

P			<del></del>
	ame adopted for the purpose of transacting business in Flo		bility Company," "L.L.C," or "LLC.")
State of Texas	hich foreign limited liability company is organized)	3. 30-0730153	ber, if applicable)
		(11:1 180)	сет, и арумсате у
No business transacted			<del>_,</del>
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registration.) ine penalty liability)	
75 Basin Road		6. 75 Basin Road	
(Street Address of I Narragansett, Rhode Is		(Mailing Add	
Narragansett, Knode is	1anu (/2002	Narragansett, Rhode Island	102882
Name and street address	s of Florida registered agent: (P.O. Box	( <u>NOT</u> acceptable)	74.0
Name:	James V. Paolino c/o Res/Title		17 A
Office Address:	970 Carillon Drive, Suite 300		100 E
	St. Petersburg,	33716	28 L
	(Cny)	Florida 33716 (Zin cod	de)
comply with the provisi ad accept the obligation:	ions of all statutes relative to the proper s of my position as registered agent.	mhn)	
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nd accept the obligation:	ions of all statutes relative to the proper s of my position as registered agent.  (Registered agent's	and complete performance of my	
nd accept the obligation:  . The name, title or capa	ions of all statutes relative to the proper s of my position as registered agent.  (Registered agent's acity and address of the person(s) who have	r and complete performance of my signature) as/have authority to manage is/are:	duties änd I am Jamiliar w
. The name, title or capa	(Registered agent's acity and address of the person(s) who have a new and Address:	r and complete performance of my signature) as/have authority to manage is/are:	duties änd I am Jamiliar w
Title or Capacity:	(Registered agent's acity and address of the person(s) who have a Cardi  Jay Cardi  75 Basin Road	r and complete performance of my signature) as/have authority to manage is/are:	duties änd I am familiar wi
The name, title or capa Title or Capacity: Managing Partner	(Registered agent)  (Registered agent)  (Registered agent)  acity and address of the person(s) who has Name and Address:  Jay Cardi  75 Basin Road  Narranganset, RI 02882	r and complete performance of my signature) as/have authority to manage is/are:	duties änd I am Jamiliar w
The name, title or capa  Title or Capacity:  Managing Partner  Use attachments if neces.  Attached is a certificate trisdiction under the law	(Registered agent)  (Same and Address:  Jay Cardi  75 Basin Road  Narranganset, RI 02882  (Sary)  of existence, no more than 90 days old, of which it is organized. (If the certificate	as/have authority to manage is/are:  Title or Capacity:  duly authenticated by the official ha	Name and Address:
B. The name, title or capa Title or Capacity:  Managing Partner  Use attachments if neces:  Attached is a certificate trisdiction under the law of the translator must be stored. This document is executed.	(Registered agent)  (Same and Address:  Jay Cardi  75 Basin Road  Narranganset, RI 02882  (Sary)  of existence, no more than 90 days old, of which it is organized, (If the certificate abmitted)  uted in accordance with section 605.020:  of the Department of Stafe constitutes a the section for the department of Stafe constitutes at the section for the department of stafe constitutes at the section for the department of stafe constitutes at the section for the department of stafe constitutes at the section for the department of stafe constitutes at the section for the department of stafe constitutes at the section for the department of stafe constitutes at the section for the department of stafe constitutes at the section for the department of stafe constitutes at the section for the department of stafe constitutes at the section for the section for the department of stafe constitutes at the section for	as/have authority to manage is/are:  Title or Capacity:  duly authenticated by the official hate is in a foreign language, a translat	Name and Address:  aving custody of records in the control of the certificate under control of the

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



## Office of the Secretary of State

July 24, 2017

A search of our records reveals the following information for the entity record selected.

Entity Name: 33418 EGYPT CROSSING, L.L.C.

Entity Type: Domestic Limited Liability Company (LLC)

Jurisdiction: TEXAS, USA File Number: 801566583

Formation File Date: March 13, 2012 Effective: March 13, 2012

The status of the entity is in existence.

The name and address of the registered agent and office in Texas is:

THE LACROIX LAW FIRM, P.C. 416 WESTHEIMER RD., HOUSTON, TX 77006 USA

The entity recorded the following assumed name(s) with this office:

The entity has not recorded any assumed name certificates with this office.

The management information from our computer records lists:

JAMES J CARDI 410 TRIMTOWN ROAD MANAGING MEMBER NORTH SCITUATE, RIC

MANAGING MEMBER

NORTH SCITUATE, RI 02857

USA

JAMES J CARDI

410 TRIMTOWN ROAD

DIRECTOR NORTH SCITUATE, RI 02857

USA

Dial: 7-1-1 for Relay Services Document: 751863290003