1170000006748

(Requestor's Name	*)				
(Address)					
(Address)					
(City/State/Zip/Pho	ne #)				
PICK-UP WAIT	MAIL				
(Business Entity Na	ame)				
(Document Number)					
Certified Copies Certificate	es of Status				
Special Instructions to Filing Officer:					
	!				
RASIGN WIT-64648					

Office Use Only



400301810164

400301810164 08/08/17--01001--006 **125.00

17 AUG - 7 PH 4 20

17 AUG -7 AM 9: 04
DIVISION OF CORPORATIONS

O SIIVIMONS



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 8, 2017

SUNSTATE RESEARCH

SUBJECT: THE NORTHWEST COMPANY FLORIDA, LLC

Ref. Number: W17000064648

We have received your document for THE NORTHWEST COMPANY FLORIDA, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons Regulatory Specialist II

[]

Letter Number: 817A00016048

Donatate Research	happen there's project to be be-	-	
Addies: Chylstate-Zip Phone #	Anterpolitation to take they the summer of contrastant of the summer of		
CORPORATION WAVE OR S		Office Use Only	
CORPORATION NAME (5) & BUCUM		≅0#≅);	
i be Northwest	OM Dan VI		
2	/		٠٠.
(Comorados Mans)	(Document é)		
<u> </u>			
(Corporation Mans)	(Documenté)		
<u>.</u>	•		
(Composation Idams)	இரையாள் தி		•
Walk in Pick up time			
Will wait	Time-na-	Certified Copy	
	LIDIOCODA	Certificate of Status	
	AMERICAN		
Finds Mothe Profit			ر. رائ
immed lability	Resignation of R.A. Change of Registors	Offices/Director	3
	ELD SEOT WITH THE PARTY OF THE	raj Garant	
	<u> Marger</u>		
CINER FILINGS	PECBIRATION OUT	LEICATION	
Seport First 2001 2001 2001 2001 2001 2001 2001 200	X Foreign LCC		
= 1 THERM MANUE	Limited Parmership		
	Li Reinsteitemen: Li Trademark		
	Other .	`. '*÷	•
CRIE031(7)97)			 -
FIGTORS ((1993)		Taminer's initials	}

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

IN COMPILANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TAMITED LIABILITY COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

COMPANTIOTRANSACTBO	SINESS IN THE STATE OF PLANTA;		
1. The Northwest Compar	y LLC Limited Liability Company; must include "Limited		
(Name of Foreign	Limited Liability Company; must include "Limited	Liability Company," "L.L.C.," or "LLC.")	
The Northwest Company			
(If name unavailable, enter alternate na	ame adopted for the purpose of transacting business in Flori	ida. The alternate name must include "Limited Liab	ility Company," "L.L.C," or "LLC.")
2. North Carolina		3. 26-1638132	
(Jurisdiction under the law of wh	tich foreign limited liability company is organized)	(FEI numb	er, if applicable)
4. Not applicable			TANG TAM 9: Ou
	(Date first transacted business in Florida, if prior to a (See sections 605.0904 & 605.0905, F.S. to determine	egistration) se penalty liability)	15 7
5. 49 Bryant Avenue		6. 49 Bryant Avenue	
(Street Address of P	•	(Mailing Addr	ess) Q J
Roslyn, New York 115	76	Roslyn, New York 11576	
7. Name and street addres	s of Florida registered agent: (P.O. Box	NOT acceptable)	
X I	NRAI Services, Inc.		To the second second
Name:			
Office Address:	1200 South Pine Island Road	<u> </u>	
	Plantation,	, Florida 33324	
	(City)	, FIOFIGA Zin code	
	ons of all statutes relative to the proper s of my position as registered agent. (Registered agent's s	Jon RA Accep	luties, and I am familiar with
8. The name, title or capa <u>Title or Capacity:</u>	city and address of the person(s) who has <u>Name and Address:</u>	s/have authority to manage is/are: <u>Title or Capacity:</u>	Nome and Address
		Title of Capacity.	Name and Address:
Manager	Ross Auerbach		
	49 Bryant Avenue Roslyn, New York 11576	-	
		-	
		•	
		-	
(Use attachments if necess	sary)		
9. Attached is a certificate jurisdiction under the law of the translator must be su	of existence, no more than 90 days old, of which it is organized. (If the certificate abmitted)	duly authenticated by the official hat is in a foreign language, a translati	ving custody of records in the ion of the certificate under oath
10. This document is execusionitted in a document to	uted in accordance with section 605.0203 the Department of State constitutes a thi	(1) (b), Florida Statutes. I am awar rd degree felony as provided for in s	e that any false information 3.817-155, F.S.
V		- 4	<u></u>
	Signature of	of an authorized person	

Typed or printed name of signee

Ross Auerbach, Manager

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:

1. The Northwest Compan				
	limited Liability Company; must include "Limi	ited Liability	Company," "L.L.C.," or "LLC.")	 _
The Northwest Company I	<u>`</u>			
	me adopted for the purpose of transacting business in I	florida. The al		ality Company," "L.E.C." or "ELC.")
North Carolina	ich foreign limited hability company is organized)	3.	26-1638132	
(amounted dide: the law of will	car to eigh influed habitity company is organized)		(r c.i numo	er, if applicable)
4. Not applicable				
	(Date first transacted business in Florida, if prior (See sections 605,0904 & 605,0905, F.S. to deter	to registration) iability)	
5. 49 Bryant Avenue			49 Bryant Avenue	
(Street Address of Principal Office)		0.	(Mailing Addr	essi
Roslyn, New York 115	76		Roslyn, New York 11576	
<u>-</u>				
7. Name and street address	s of Florida registered agent: (P.O. Bo	ox NOT a	cceptable)	510 N
		··· <u> </u>	o o o practical y	Z 0,
Name;	NRAI Services, Inc.			<u> </u>
Office Address:	1200 South Pine Island Road			· · · · · · · · · · · · · · · · · · ·
	Discourse		22224	17 AUG -7 AM 9: 05
	Plantation, (City)		, Florida 33324 (Zip code	
Registered agent's accept			(Zip code	ē v
and accept the obligations	of my position as registered agent. (Registered agent	7- 5g	e.	
	(Registered agent	's signature)		
8. The name, title or capa Title or Capacity:	city and address of the person(s) who			Name and Add at
	Name and Address:	11	tle or Capacity:	Name and Address:
Manager	Ross Auerbach			
	49 Bryant Avenue Roslyn, New York 11576			
	3337,01	 -		
				
	-			
(Use attachments if necess	ary)			
9 Attached is a certificate	of existence, no more than 90 days old	t duly su	henticated by the official has	ving custody of records in the
	of which it is organized. (If the certific			
of the translator must be su				
10. This document is even	and in accordance with section 605 03	02 (1) (5)	Finalda Ctatutas I am anna	- Al-A (Cal-a 1 - Cal-a - Al-
	ated in accordance with section 605.02 the Department of State constitutes a			
			provident in it	
	Cianan	are of an autho	rized acrees	·
	<u> અધ્યક્ષ</u>	are or an autho	naca pa san	
	Ross Auerbach, Manager			
		or printed nar	ne of signee	



NORTH CAROLINA Department of the Secretary of State

CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

THE NORTHWEST COMPANY LLC

is a limited liability company duly formed under the laws of the State of North Carolina, having been formed on the 1st day of June, 2007, with its period of duration being Perpetual.

I FURTHER certify that the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act; and that the said limited liability company has not filed articles of dissolution as of this date of this certificate.





Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 31st day of July, 2017.

Elaine J. Marshall

Secretary of State