M1700000000000001

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400302415214

ON AUG TE A ID: 5 LICALINAY OF CIASE LLAHASSEE, FLORID

FILED

2917 AUG 11 F.1 2: 20

D BRUCE AUG 14 2017

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724 850-508-1891 (cell)

Date: _	8 / 11 /1.7 ACCT. 120160000072	<u>ر : ۱: ۱</u>	SW
Name:	Industrious ORC 300 Si Orange		
Document #:			
Order #:	10599790		
Certified Copy of Arts & Amend:			
Plain Copy: Certificate of Good Standing:		Su.	99
Apostille/Notarial Certification:	Country of Destination: Number of Certs:	CRE ILAS AHASS	
Filing:	Certified: Plain: COGS:	A ID: 53 CFLORIDA	5 U
Availability Document Examiner Updater Verifier Ref#	Amount: \$ \\S		
	Thank you!		•

COVER LETTER

.

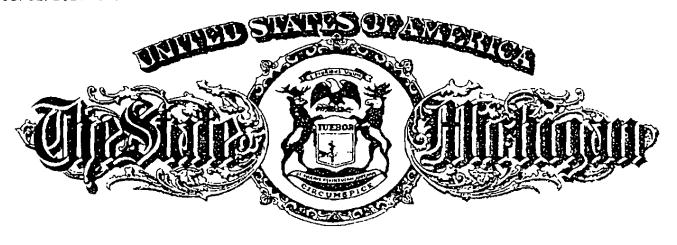
TO:		ation Section n of Corporation	s						
SUBJ		lustrious ORL 30	0 S. Orange LLC						
			Name of I	Limited Liability (Company			_	
The er Existe	nclosed "A nce, and c	pplication by For heck are submitted	eign Limited Liability Comp d to register the above refere	any for Authoriza nced foreign limit	tion to Trai ed liability	nsact Business in company to tran	Florida	," Certii iness in	ficate of Florida
Plcase	return all	correspondence c	concerning this matter to the	following:					
		Susan R. McM	aster						
			Na	une of Person	<u> </u>			_	
		Jaffe Raitt Heu	er & Weiss PC						
			Fi	rm/Company				-	
		27777 Franklin	Road Suite 2500				17 <u>VI</u>	2017	
	Address				AH	9ſ!¥	71		
	Southfield, MI 48034				$\omega \sim$	_=	m		
City/State and Zip Code				D	[1]				
		smcmaster@jaff					1.02 1.03 1.03 1.03 1.03 1.03 1.03 1.03 1.03	Ģ —	
			E-mail address: (to be used	I for future annua	report not	ification)	ťΑ	ω - <u>σ</u> 1	
For fu	irther info	rmation concerning	g this matter, please call:						
	Susan	McMaster		248	727-14	85			
		Name o	of Contact Person	at (Area Code	Day	time Telephone	Number		
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division Registrati Clifton B 2661 Exe	of Corporations ion Section wilding ecutive Center Ci see, FL 32301	rele				
Enclo		neck for the follow 5.00 Filing Fee	ving amount: ☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Fili Certified Copy	_	□ \$160.00 Fil of Status & Ce			ate

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 HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Industrious ORL 300 S.	Orange LLC gn Limited Liability Company; must include		
(Name of Forei	gn Limited Liability Company; must include	"Limited Liability Company," "L.L.C.	," or "LLC,")
(If name unavailable, enter alt Liability Company," "L.L.C,"	ernate name adopted for the purpose of trans or "LLC.")	sacting business in Florida. The alternate	e name must include "Limited
, Michigan	3.	N/A	
company is organized)	of which foreign limited liability	(FEI number, if applic	able)
4. Upon Filing			
	(Date first transacted business in Flo (See sections 605,0904 & 605,0905, F.)	rida, il prior to registration.) S. to determine penalty liability)	F. 2
5. 594 Dean Street			
Brooklyn, NY 1123	8		FILED 2011 AUG 11 A ID:
	(Street Address of Principal	Office)	
6. 594 Dean Street			
Brooklyn, NY 112	38		E P
,	(Mailing Address)		OF 53
7. Name and street address	s of Florida registered agent: (P.O. Box	NOT acceptable)	>
Name:	National Registered Agents, Inc.		
Office Address:	1200 South Pine Island Road		
	Plantation	Florida 33324	
	(City)	, Florida 33324 (Zip cod	(e)
designated in this applicate to complywith the provision	gistered agent and to accept service of ption, I hereby accept the appointment accept so fall statutes relative to the proper my position as registered agent. By: (Registered age	s registered agent and agree to act and complete performance of my o	in this capacity. I further agree
8. The name, title or capa	acity and address of the person(s) who ha	as/have authority to manage is/are:	
	agement Company LLC , Member		
594 Dean Street			
Brooklyn, NY 11238			
9. Attached is a certificate jurisdiction under the law of the translator must be s	of existence, no more than 90 daysold, of which it is organized. (If the certificat ubmitted)	duly authenticated by the official hate is in a foreign language, a translat	aving custody of records in the tion of the certificate under oath
	Signature of an au	uthorized person	
This document is executed submitted in a document to	d in accordance with section 605,0203 (1 o the Department of State constitutes a th) (b), Florida Statutes. I am aware third degree felony as provided for in	nat any false information s.817.155, F.S.
	Sucan R. McMacter, Authorized Agent	t ·	

Typed or printed name of signee





This is to Certify That

INDUSTRIOUS ORL 300 S. ORANGE LLC

was validly organized on August 2, 2017 as a Limited Liability Company. Said Limited Liability Company is validly in existence under the laws of this state and has satisfied its annual filing obligations.

This certificate is issued pursuant to the provisions of 1993 PA 23, as amended, to attest to the fact that the company is in good standing in Michigan as of this date.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.



Sent by Facsimile Transmission F2154U

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 2nd day of August, 2017

Julia Dale, Director

ulia Dale

Corporations, Securities & Commercial Licensing Bureau