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NEW JERSEY
CONNECTICUT
WASHINGTON, D.C.

SENDER'S E-MAIL ADDRESS: kfenichel@saavlaw.com

August 31, 2017

FEDERAL EXPRESS

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

Re:

Elfbra One Investment, LLC Trigger One Investment, LLC

Dear Sir or Madam:

Enclosed please find the following for processing and filing:

- 1. Application by Foreign Limited Liability Company for Authorization to Transact Business on Florida for Elfbra One Investment, LLC, a Delaware limited liability company; and
- 2. Application by Foreign Limited Liability Company for Authorization to Transact Business on Florida for Trigger One Investment, LLC, a Delaware limited liability company.

Also enclosed is a check drawn on our firm account, payable to the Florida Division of Corporations in the amount of \$250.00, in payment of the filing fees for both of the foregoing applications.

{00220633.DOC. 1 }	
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Saavedra | Goodwin Page 2

Should you have any questions or require further information, please do not hesitate to contact me.

Sincerely,

Saavedra Goodwin

Kimberly A. Fenichel, FRP

Corporate and Transactional Paralegal

FOR THE FIRM

KAF:

Enclosures

cc: Ross D. Kulberg, Esq.

COVER LETTER

TO:	Registration Sec Division of Cor						
SUBJE			STMENT, LLC				
30001	c			imited Liability C	ompany		
The enc Existence	losed "Applicatio e, and check are	n by Foreig submitted t	gn Limited Liability Comp o register the above refere	any for Authorizat nced foreign limite	ion to Tra ed liability	nsact Business in Florida," company to transact busine	Certificate of ess in Florida.
Please re	eturn all correspo	ndence cor	ncerning this matter to the	following:			
	Kimber	rly A. Feni	chel, Corporate and Transa	actional Paralegal			
			Na	me of Person			
	Saaved	ra Goodwi	n				
			Fir	m/Company			
	312 S.I	E. 17th Stre	eet, Second Floor				
				Address			
	Fort Lauderdale, FL 33316						
			City/St	ate and Zip Code			
	kfeniche	l@saavlaw	v.com				
			E-mail address: (to be used	for future annual	report not	ification)	
For furt	her information c	oncerning 1	his matter, please call:				
	Kimberly Fenic	hel		954 at (767-633	33	
		Name of	Contact Person	Area Code	Day	time 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					
Enclose	d is a check for the \$125.00 Filin	ig Fee - I	g amount: □ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filin Certified Copy	g Fee &	☐ \$160.00 Filing Fee, Co of Status & Certified Cop	

Bu Managara

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

		TION 605.0902, FLORIDA STATUTES, THE ISINESS IN THE STATE OF FLORIDA:	E FOLLOWING IS SUBMITTED TO REGIS	TER A FOREIGN LIMITED LIABILITY
1	E1f	bra One Investment, LLC		
١٠ _	(Name of Foreign	Limited Liability Company; must include "Lim	nited Liability Company," "L.L.C.," or "LLC.	")
(If na	me unavailable, enter alternate ne	ame adopted for the purpose of transacting business in	Florida. The alternate name must include "Limited L	iability Company," "L.L.C," or "L.L.C.")
2	Delaware (Jurisdiction under the law of wh	nich foreign limited liability company is organized)	3. <u>32-0518052</u> (FEI nut	mber, if applicable)
4.	Upon Author	_		
		(Date first transacted business in Florida, if prior (See sections 605,0904 & 605,0905, F.S. to dete	r to registration.) ermine penalty liability)	
5	1314 East L (Street Address of P	rincipal Office)	6. <u>1314 East Las Ol</u> (Mailing Ad	
_	Fort_Lauder	dale , FL 33301	<u> Fort Lauderdale,</u>	FL 33301
_				
7 1	NT	- contaids assistant assets (D.O. D.	lay NOT accomtable)	第二十二十
<i>1</i> .]	Name and <u>street addres</u>	s of Florida registered agent: (P.O. B	iox <u>NOT</u> acceptable)	福 是 亡
	Name:	Ross D. Kulberg, Esq.		20 - 5
	Office Address:	312 S.E. 17th Street, Se	econd Floor	
		Fort Lauderdale (City)	, Florida <u>33316</u>	<u>.</u>
des to c and	ignated in this applical comply with the provisi I accept the obligations	gistered agent and to accept service of tion, I hereby accept the appointment ons of all statutes relative to the proper of my position as registered agent. (Registered agent	nt as registered agent and agree to accept and complete performance of my	et in this capacity. I further agree we duties, and I am familiar with
8.	The name, title or capa Title or Capacity:	acity and address of the person(s) who Name and Address:	has/have authority to manage is/are: <u>Title or Capacity:</u>	Name and Address:
	Manager	Trigger One Investm		
		1314 East Las Olas Fort Lauderdale, Fl		
(U	se attachments if neces	sary)		
juri		of existence, no more than 90 days of of which it is organized. (If the certifical abmitted)		
10. sub	This document is exec mitted in a document to	uted in accordance with section 60500 the Department of State constitutes a	204-(1) (b), Florida Statutes. I am aw third degree relogy as provided for i	are that any false information n s.817.155, F.S.
			Joao Argon	

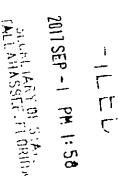
Typed or printed name of signee



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "ELFBRA ONE INVESTMENT, 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-NINTH DAY OF AUGUST, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ELFBRA ONE INVESTMENT, LLC" WAS FORMED ON THE NINTH DAY OF FEBRUARY, A.D. 2017.

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





Authentication: 203136020

Date: 08-29-17

6311501 8300 SR# 20175930367

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