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COVER LETTER

TO:	Registration Section Division of Corporation	15				
SHRI	CL GOLDEN	N LLC				
50110	ECT	Name of	Limited Liability	Company		
The er Existe	nclosed "Application by For nce, and check are submitte	reign Limited Liability Com d to register the above refer	pany for Authoriza enced foreign limi	ation to Tr ted liabilit	ansact Business in Florida," y company to transact busir	Certificate of less in Florida
Please	return all correspondence of	concerning this matter to the	following:			
	JOYCE PLOU	RDE				
		N	ame of Person			
		11	:(C			
		r	irm/Company			
	6511 NOVA D	RIVE SUITE 168				
			Address	_		
	DAVIE, FLOR	IDA 33317				
		City/S	State and Zip Code			
	bomcorp@crosss	enioreare.com				
		E-mail address: (to be use	d for future annua	l report no	tification)	
For fu	rther information concernin	g this matter, please call:				
	MARY ANNE WOOD		954 at (367-45 _)		
	Name o	f Contact Person	Area Code	Day	rtime Telephone Number	
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division Registrat Clifton F 2661 Exc	of Corporations ion Section building ecutive Center Circle see, FL 32301	
Enclos	sed is a check for the follow ☐ \$125.00 Filing Fee	ing amount: \$\Begin{align*} \begin{align*}	☐ \$155.00 Filir Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Co of Status & Certified Cop	

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

DELAWARE (Jurisdiction under the law of wh	ame adopted for the purpose of transacting business			
(Jurisdiction under the law of wh		3		
N/A	nch foreign limited liability company is organized)		(FEI man)	ber, if applicable)
	(Date first transacted business in Florida, if pr (See sections 605,0904 & 605,0905, F.S. to d	nor to registration)		
1780 NORTH JEFFER			SOVA DRIVE	
(Street Address of P		6. (03111)	(Mailing Add	TCW1
		SUITE	168	<u> </u>
MONTICELLO, FLOR	UDA 32344	DAVII	E, FLORIDA 33317	
Name and <u>street address</u> Name:	s of Florida registered agent: (P.O. JOYCE PLOURDE	Box NOT acceptat	ole)	SSI CALO
Office Address:	6511 NOVA DRIVE			
	DAVIE, FLORIDA		, Florida <u>33317</u>	`£'
wing been named as reg signated in this applicat comply with the provision	tance: gistered agent and to accept service tion, I hereby accept the appointme tons of all statutes relative to the pro tof my position as registered agent.	e of process for the ent as registered ago oper and complete p	(Zip cod above stated limited ent and agree to act	liability company at the in this capacity. I furth
iving been named as reg signated in this applicat comply with the provisi d accept the obligations	tance: gistered agent and to accept service tion, I hereby accept the appointme tions of all statutes relative to the pro tion of my position as registered agent. (Registered ag	e of process for the ent as registered ago oper and complete for the compl	above stated limited ent and agree to act performance of my	liability company at the in this capacity. I furth
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Typed or printed name of signee

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "CL GOLDEN, 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 THIRTIETH DAY OF AUGUST, A.D. 2017.





Authentication: 203146540

Date: 08-30-17

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