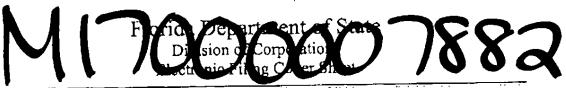
9/14/2017

17:34

(FAX)845 818 3588

P.001/003

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H170002429163)))



H170002429163ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser	from this	page.
Doing so will generate another cover sheet.	≥:	4

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: VCORP SERVICES, LLC Account Name

Account Number : 120080000067

Phone

: (845)425-0077

Fax Number

: (845)818-3588

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

P 3 1	Address:			

2017 35 15

## Foreign Limited Liability Company Ameritel of Parsons Village, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$763.75

Electronic Filing Menu

Corporate Filing Menu

Help

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

IN COMPLIANCE WITH SECTION 603.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPAINT TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Ameritel of Parsons Village, LLC (Name of Foreign Limited Liability Company: must include "Limited Liability Company," "L.L.C.," or "LLC.")

Liability Company," "L.L.C	Itemate name adopted for the purpose of transacting or "LLC.")	ng business in Florida. The attentiate name	; must meloce turned	
2. DE	3.			
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable)		
4. 04/19/2016				
·	(Date first transacted business in Florida, (See sections 605.0904 & 605.0905; F.S. to	if prior to registration.) determine penulty liability)		
250 47th Street, Brook				
			S	===
<del></del>	(Street Address of Principal Offic	cc)	SEP	
250 47th Street, Brook	·	;		** 3
S. 230 47111 Street, 510011	, , , , , , , , , , , , , , , , , , ,			7
			AH 10: 25	:
	(Mailing Address)		į, ō	
7. Name and <u>street addre</u>	ss of Florida registered agent: (P.O. Box <u>NO</u>	<u>(l'</u> acceptable)	<u></u>	
Name:	Veorp Services, LLC		<u>.</u>	
Office Address:	5011 South State Road 7, Suite 106			
	Davie	, Floride 33314 (Zip code)		
	(City)	(Zip code)		
t to an official throughout	gistered agent and to accept service of proce accept the appointment as registered agent a statutes relative to the proper and complete p ition as registered agent.	ond agree to act in this capacity. I ful performance of my duties, and I am f	fainillar with and acc	)
he obligations of my pos	(Registered agent's st	<u>2004 Palazio, Scietary, Vier</u> Ignolure)	<i>y</i>	
he obligations of my pos			,,	
te obligations of my positions.  8. The name, title or capa	acity and address of the person(s) who has/hav		,	
te obligations of my positions.  8. The name, title or capa				
te obligations of my positions.  8. The name, title or capa	acity and address of the person(s) who has/hav			
te obligations of my positions.  8. The name, title or capa	acity and address of the person(s) who has/hav			

of the translator must be submitted)

Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes, I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Michael Ziegler

## Delaware The First State

Page 1

<u>::</u>

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

DELAWARE, DO HEREBY CERTIFY "AMERITEL OF PARSONS VILLAGE, 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 SEVENTH DAY OF SEPTEMBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AMERITE! OF PARSONS VILLAGE, LLC" WAS FORMED ON THE NINETEENTH DAY OF APRIL, A.D. 2016.

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

-----

Authentication: 203180568

Date: 09-07-17