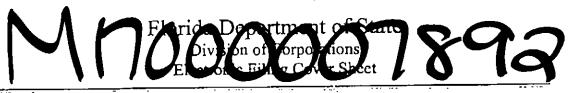
Division of Corporations

9/14/2017



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	Fax Number : (850)617-6383	***	عــ
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From:			
, , ,	Account Name ; VCORP SERVICES, LLC	• • • •	-

Account Number : 120080000067 : (845)425-0077 : (845)818-3588 Fax Number

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Estimated Charge

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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

1. Amerited of Silver Spri	ngs Boulevard, LLC eign Limited Liability Company; must include "Limi	ted Liability Company," "L.L.C.," or "L	LLC.'")		
(Manie or ron	oign Linnied Diabinty Company, most motore amin	and Discounty Company: Discount of	, ,		
Liability Company," "L.L.C.	ternate name adopted for the purpose of transacting "or "LLC.")	business in Florida. The alternate name	must include "Li	miled	
2. DE	3	(FEI number, if applicable)		_	
(lurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, 11 applicable)			
4. 06/11/2017					
	(Date first transacted business in Florida, if (See sections 605.0904 & 605.0905, F.S. to de	prior to registration.) termine penalty liability)	> 0	HARL	
5. 250 47th Street, Brook	lyn, NY 11220			-3a	ĺ
<u></u>		•		_0 •	-
	(Street Address of Principal Office)		() P*	15	
6. 250 47th Street, Brookl			7, 7	- 	٠ ;
0				AM II: I	
	(Mailing Address)		÷	••	
				ದಾ	
 Name and street addres 	s of Florida registered agent: (P.O. Box NOT	icceptable)			
Name:	Vcorp Services, LLC				
Office Address:	5011 South State Road 7, Suite 106				
***************************************	Davie	Florida 33314			
	(City)	(Zip code)			
this application, I hereby to with the provisions of all so the obligations of my positive obligations of my positive obligations.	Antho (Registered agent's sign	l agree to act in this capacity. I fur formance of my dutles, and I am fa My Palazzo, Secretary, V alure)	ther agree to c unilliar with an	ompsy d accept	,
	city and address of the person(s) who has/have a	othorny to manage to are.			
Michael Ziegler, 250 47th	Street, Brooklyn, NY 11220, Member		<u></u>		
2. Attached is a certificate ourisdiction under the law of the translator must be sui	of existence, no more than 90 days-old; Auly aut f which it is organized. (If the certificate is in a bmitted)	henricated by the official having cus forcign language, a translation of the	tody of records e certificate und	in the der oath	
	Signature of ah authorized	person			
This document is executed about the control of the	in accordance with section 605,0203 (1) (b), Flo	rida Statutes. I am aware that any fal	lse information 5, F.S.		
	Michael Ziegler	•			
-	Typed or printed name of si	gnee			

<u>Delaware</u>

Page 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "AMERITEL OF SILVER SPRINGS BOULEVARD,

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 "AMERITEL OF SILVER SPRINGS BOULEVARD, LLC" WAS FORMED ON THE NINTH DAY OF JUNE, A.D. 2017.

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

2.74

Authentication: 203180670

Date: 09-07-17