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S. WARREN 0CT 1 8 2017



October 9, 2017

GRANT CARDONE 18909 NE 29TH AVENUE AVENTURA, FL 33180

SUBJECT: CARDONE REAL ESTATE ACQUISITIONS LLC

Ref. Number: W17000080056

We have received your document for CARDONE REAL ESTATE ACQUISITIONS LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 317A00020357

Stacey M Warren Regulatory Specialist II

www.sunbiz.org

#### COVER LETTER

TO:	Registration Section Division of Corporatio	ns		
SUBJE	ст:Са	idone Red	Letate Limited Liability Company	Acquisitions L
The enc Existen	closed "Application by Fo	reign Limited Liability Comed to register the above reference	npany for Authorization to Transceed foreign limited liabilit	ansact Business in Florida," Certificate of y company to transact business in Florida.
Please r	return all correspondence	concerning this matter to the	e following:	
	<del></del>	Grant	<u>Cardone</u>	
	Ca	rdone Real	l Estate Ac	cquisitions LLC
		18909 NE	29 AVENUE	
	<del></del>	Aventuro City/	EFU 3	3180
	<del></del>	Controller C E-mail address: (to be use	Ogrant Co	wdone. Com
For furt	ther information concernit	ng this matter, please call:	_	
	Diley R.G.	ON ZOLEZ	at ( <u>310</u> )	27-0255 ext 105 Tytime Telephone Number
	MAILING ADDRESS Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314		Division Registrat Clifton E 2661 Exc	of Corporations tion Section Building ecutive Center Circle see, FL 32301
Enclose	ed is a check for the follow \$2.5125.00 Filing Fee	ving amount:  ☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

1. Cardone Real Estate Acquisitions UC. (Name of Foreign Limited Liability Company: nust include "Limited Liability Company." "LLC." or "LLC.")  (If any unrealized include a subject for the purpose of transecting business in Florids. The alternate name must include "Limited Liability Company." "LLC." or "LLC.")  2. Le la ware  (Due for transacted business be Florids. If you to operate the law of which foreign business be Florids. If you to operate the law of which foreign business be Florids. If you to operate the law of which foreign business be Florids. If you to operate the law of which foreign business be Florids. If you to operate the law of which foreign business be Florids. If you to operate the law of which foreign business be Florids. If you to operate the law of which it is spolicable)  Some for transacted business be Florids. If you to operate the purpose of the provisions of the foreign Address:  Aventura, FL 33180  7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Office Address:  18909 NE 29th Ave  Aventura, FL 33180  7. Name and street address of Florida registered agent and to accept service of process for the above stated limited liability gengany of the place designated in this application. I hereby accept the phyloninthesis of the provisions of all statutes relative to the gistered agent and agree to act in this capacity.  Begintered agent and accept the obligations of my position as registered agent and agree to act in this capacity. Business of a supposition as registered agent.  (Cup)  Registered agent and agree to act in this capacity. Business of the provisions of my position as registered agent.  (Cup)  Registered agent and agree to act in this capacity. Business of the provisions of my position as registered agent.  (Cup)  Registered agent agent and address of the persons of the provisions of my duties, and I am familiar with and accept the obligations of my position as registered agent.  (Registered agent agent agent agent agent agent agent agen	IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
2. De la ware  (Unreduction under the law of which forega lunied lubbility company is organized)  3. 46-4404.88  (FEI normals: It applicable)  4. (Date first transacted business in Flaintia, if pour to regastrison.) (See sections 69 9094 & 605.005, FS. to determine peralty labbility) (See sections 69 9094 & 605.005, FS. to determine peralty labbility)  5. 18909 NE 29th AVE  AVENTURA, FU 33180  7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Grant Cavdon  Office Address: 18909 NE 29th AVE  AVENTURA  (City)  Registered agent's acceptance:  Having been named as registered agent and to accept service of process for the above stated limited liability. Empans by the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. Butter agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.  (Registered agent and address of the person(s) who has/have authority to manage is/are:  Title or Capacity: Name and Address:  Title or Capacity: Name and Address:  Name and Address:  Name and Address:  Oracle 29th Ave  Aventura, FU 33180  Name and Address:  Name and Address:  Oracle 29th Ave  Aventura, FU 33180	1. <u>Cardone Real Estate Acquisitions LLC</u> (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
5. 18909 NE 29th Ave Aventura, FL 33180  7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Grant Cawdon Office Address: 18909 NE 29th Ave Aventura, Florida 33180  7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Grant Cawdon Office Address: 18909 NE 29th Ave Aventura, Florida 33180  Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company, by the place designated in this application, I hereby accept the appointment'as registered agent and agree to act in this capacity. Burther agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.  (Registered agent's signature)  8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address:  Name and Address:  Title or Capacity: Name and Address:  Name and Address:  Title or Capacity: Name and Address:  Name and Address:  Organic Grant Cardon  Registered agent is signature.  Name and Address:  Title or Capacity: Name and Address:  Name and Address:  Title or Capacity: Name and Address:  Name and Address:  Name and Address:  Title or Capacity: Name and Address:  Name and Address:  Title or Capacity: Name and Address:  Name and Address:  Title or Capacity: Name and Address:  Name and Address:  Title or Capacity: Name and Address:  Name and Address:  Title or Capacity: Name and Address:  Name and Address:  Title or Capacity: Name and Address:  Name and Address:  Title or Capacity: Name and Address:  Name and Address:  Title or Capacity: Name and Address:  Name and Address:  Title or Capacity: Name and Address:  Name and Address:  Title or Capacity: Name and Address:  Name and Address:  Title or Capacity: Name and Address:  Name and Address:  Title or Capacity: Name and Address:  Name and Address:	2. Delaware 3. 46-4404638
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Grant Cardon  Office Address: 18909 NE 29th Ave  Aventura  Florida 33180  Registered agent's acceptance:  Having been named as registered agent and to accept, service of process for the above stated limited liability company by the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this coacity. Burther agree to comply with the provisions of all statutes relative to the phoper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.  [Registered agent's acceptance:  Having been named as registered agent and to accept, service of process for the above stated limited liability company by the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this coacity. Burther agree to comply with the provisions of all statutes relative to the phoper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.  [Registered agent's acceptance:  Title or Capacity:  Name and Address:	4. (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)  5. 18909 NE 29th AVE  6. 18909 NE 29th AVE
Name: Grant Cavdon  Office Address: 18909 NE 29th Ave  Aventura, Florida 33180  Registered agent's acceptance:  Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. Burther agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.  (Registered agent's signature)  8. The name, title or capacity: Name and Address: Title or Capacity: Name and Address:  Managing Symptosis Symbols and Symbols and Address of the person(s) who has/have authority to manage is/are:  Title or Capacity: Name and Address: Name and Address: Symbols Aventura, Fig. 33180  (Use attachments if necessary)  9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath	Aventura, FL 33180  Aventura, FL 33180  Aventura, FL 33180
Office Address: 18909 NE 294h Ave  AVENTURA  (City)  Registered agent's acceptance:  Having been named as registered agent and to accept service of process for the above stated limited liability company of the place designated in this application, I hereby accept the uppointment as registered agent and agree to act in this company of the place designated in this application, I hereby accept the uppointment as registered agent and agree to act in this company of the place designated in this provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.  (Registered agent as registered agent and agree to act in this company of the place designated to complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.  (Registered agent as included agent and address of the person(s) who has/have authority to manage is/are:  Title or Capacity:  Name and Address:  Title or Capacity:  Name and Address:  Title or Capacity:  Name and Address:  Name and Address:  Name and Address:  (Use attachments if necessary)  9. Attached is a certificate of existence, no more than 90 days-old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath	7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
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Registered agent's acceptance:  Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment'as registered agent and agree to act in this capacity. Further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.  8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  Title or Capacity:  Name and Address:  Title or Capacity:  Name and Address:  Title or Capacity:  Name and Address:  Variable  Aventura FL 33 180  (Use attachments if necessary)  9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath	33.100 \$20.00
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Title or Capacity:  Name and Address:  Stant Cardone  18909 NE 29 Hi Ave  Aventura, FL 33 180  (Use attachments if necessary)  9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath	(Registored agent's signature)
(Use attachments if necessary)  9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath	
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jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath	(Use attachments if necessary)
/	9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)
10. 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.	10. 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.
Signature of an authorized person  Grant Cardone  Typed or printed name of signee	Grant Cardone

Page 1

## Delaware

### The First State

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

DELAWARE, DO HEREBY CERTIFY "CARDONE REAL ESTATE ACQUISITIONS, 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 THIRTEENTH DAY OF OCTOBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CARDONE REAL ESTATE ACQUISITIONS, LLC" WAS FORMED ON THE THIRTIETH DAY OF DECEMBER, A.D. 2013.

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

Authentication: 203398086

Date: 10-13-17

5457918 8300 SR# 20176618503

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