(Requestor's Name) (Address)	100304611891
(Address) (City/State/Zip/Phone #)	FILED
(Business Entity Name) (Document Number) tified Copies Certificates of Status	्र म् स्री
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Incorporating-Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956 Fax: 850.656.7953 www.Incserv.com e-mail: info@incserv.com

incserv[∼]

ORDER FORM

FROM

TO Incorporating Services, Ltd. 1540 Glenway Drive Tallahassee, FL 32301

Melissa Stops mstops@incserv.com 850.656.7953

mstops@incserv.com	
850.656.7956	
850.656.7953	

REQUEST DATE 10/23/2017

PRIORITY Routine

ORDER ENTITY

CASE REAL ESTATE CAPITAL, LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

CASE REAL ESTATE CAPITAL, LLC (FL)

File the attached foreign qualification document Please provide a certified copy as evidence.

NOTES:

\$155.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I2005000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

luse

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

OUR REF # (Order ID#)] 605854

1

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. HIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Case Real Estate Capital, LLC

of the translator must be submitted)

(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.I. C.," or "LIC.")

		londa. The alternate name must include "Limite	
New York (Jurishenon under the law of which foreign limited liability contigeny is oppruzed)		3. 46-1668486	number, if applicable)
	and to cign that company company is of an acception	(FE)	manuer, it applicable)
N/A			
	(Date first transacted business in Florida, if prior t (See sections 605 0904 & 605,0905, F.S. to deter	to registration) mine penalty fightity)	
336 West Passaic Stre	ct, Third Floor	6. <u>336 West Passaic Street, Third Floor</u> (Mailing Address) Rochelle Park, New Jersey 07662	
(Stree: Address of]		6. 336 West Passaic Street, Third Floor	
Rochelle Park, New Je	rsey 07662	Rochelle Park, New Jer	rsey 07662
<u> </u>			· · · · · · · · · · · · · · · · · · ·
			HH 0: 55
Name and street address	ss of Florida registered agent: (P.O. Bo	ox <u>NOT</u> acceptable)	في ا
Name:	Registered Agent Solutions, Inc.		10 10
			,
Office Address:	155 Office Plaza Dr., Suite A	a	
	Tallahassee	, Florida <u>32301</u> (7)	
aving been named as re signated in this applica	gistered agent and to accept service of the service	f process for the above stated lim as registered agent and agree to	ited liability company at the place act in this capacity. I further agre
aving been named as re esignated in this applicated in the provision of th	stance; gistered agent and to accept service of ttion, I hereby accept the appointment ions of all statutes relative to the prope	f process for the above stated lin as registered agent and agree to er and complete performance of	nited liability company at the place act in this capacity. I further agree my duties, and I am familiar with
esignated in this applica comply with the provis	stance: gistered agent and to accept service of ition, I hereby accept the appointment ions of all statutes relative to the prope	f process for the above stated lin as registered agent and agree to er and complete performance of	nited liability company at the place act in this capacity. I further agre my duties, and I am familiar with
aving been named as re esignated in this applica comply with the provisi nd accept the obligation	otance: egistered agent and to accept service of ttion, I hereby accept the appointment ions of all statutes relative to the prope s of my position as registered agent. Registered Agent Solutions, Inc. By: (Registered agent	f process for the above stated lim as registered agent and agree to er and complete performance of complete performance of com	nited liability company at the place act in this capacity. I further agree my duties, and I am familiar with
aving been named as re- rsignated in this applica comply with the provisi ad accept the obligation	otance: registered agent and to accept service of tion, I hereby accept the appointment ions of all statutes relative to the prope s of my position as registered agent. Registered Agent Solutions, Inc. By:	f process for the above stated lim as registered agent and agree to er and complete performance of complete performance of com	nited liability company at the place act in this capacity. I further agree my duties, and I am familiar with
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aving been named as re- rsignated in this applica comply with the provisi ad accept the obligation . The name, title or cap	otance: egistered agent and to accept service of tion, I hereby accept the appointment ions of all statutes relative to the prope s of my position as registered agent. Registered Agent Solutions, Inc. By: (Registered agent acity and address of the person(s) who l <u>Name and Address</u> : Sanford S. Herrick <u>336 West Passaic St., 3rd Fl</u>	f process for the above stated lim as registered agent and agree to er and complete performance of signature) has/have authority to manage is/a <u>Title or Capacity:</u>	nited liability company at the place act in this capacity. I further agre my duties, and I am familiar with
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aving been named as re- esignated in this applica comply with the provisi nd accept the obligation . The name, title or capa <u>Title or Capacity:</u> Managing Member	otance: egistered agent and to accept service of tion, I hereby accept the appointment ions of all statutes relative to the prope s of my position as registered agent. Registered Agent Solutions, Inc. By: (Registered agent acity and address of the person(s) who l <u>Name and Address:</u> Sanford S. Herrick <u>336 West Passaic St. 3rd Fl</u> <u>Rochelle Park. NJ 07662</u>	f process for the above stated lim as registered agent and agree to er and complete performance of signature) has/have authority to manage is/a <u>Title or Capacity:</u>	nited liability company at the place act in this capacity. I further agre my duties, and I am familiar with
aving been named as re- esignated in this applica comply with the provisi nd accept the obligation The name, title or cap. <u>Title or Capacity:</u> Managing Member	otance: egistered agent and to accept service of tion, I hereby accept the appointment ions of all statutes relative to the prope s of my position as registered agent. Registered Agent Solutions, Inc. By: (Registered agent acity and address of the person(s) who l <u>Name and Address:</u> Sanford S. Herrick <u>336 West Passaic St. 3rd Fl</u> <u>Rochelle Park. NJ 07662</u>	f process for the above stated lim as registered agent and agree to er and complete performance of s signature) has/have authority to manage is/a <u>Title or Capacity:</u>	nited liability company at the place act in this capacity. I further agree my duties, and I am familiar with -(2-13

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.

_	Smyruds.H	
	V Signature of an authorized person	

Sanford S. Herrick

Typed or printed name of signce

State of New York Department of State } ss:

I hereby certify, that CASE REAL ESTATE CAPITAL, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 12/17/2012, and that the Limited Liability Company is existing so far as shown by the records of the Department. I further certify the following:

A Certificate of Publication of CASE REAL ESTATE CAPITAL, LLC was filed on 04/22/2013.

A Biennial Statement was filed 02/05/2016.

The Biennial Statement is past due.

I further certify, that no other documents have been filed by such Limited Liability Company.



Witness my hand and the official seal of the Department of State at the City of Albany, this 20th day of October two thousand and seventeen.

Brendan W. Fitzgerald Executive Deputy Secretary of State

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