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TO:

Registration Section
Division of Corporations

		Name of	Limited Liability (Company		
					insact Business in Florida," Certify company to transact business in	
Please return al	1 correspondence	concerning this matter to the	following:			
	Constantine Sa	rganis				
		N	ame of Person			
	4027 S. Dale N	labry Hwy LLC				
		F	irm/Company		 	
	6148 S. Fulton	Street				
			Address		, <u>, , , , , , , , , , , , , , , , , , </u>	
	Englewood, Co	O 80111				
		City/S	tate and Zip Code		.	
	dino@paragone	gp.com				
		E-mail address: (to be use	d for future annual	report not	ification)	
For further info	rmation concernir	ig this matter, please call:				÷
Const	antine Sarganis		303 at (521-13	26	1
	Name o	of Contact Person	Area Code	Day	time Telephone Number	
Divisi Regist P.O. F	and ADDRESS: on of Corporation ration Section 30x 6327 assee, FL 32314			Division Registrati Clifton B 2661 Exe	CADDRESS: of Corporations ion Section uilding centive Center Circle see, FL 32301	
	heck for the follow 25.00 Filing Fee	ving amount: ☐ \$130.00 Filing Fee & Certificate of Status	S155.00 Filin Certified Copy	ig Fee &	■ \$160.00 Filing Fee, Certifica of Status & Certified Copy	ite



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 27, 2017

CONSTANTINE SARGANIS 6148 S FULTON STREET ENGLEWOOD, CO 80111

SUBJECT: 4027 S DALE MABRY HWY LLC

Ref. Number: W17000077118

We have received your document for 4027 S DALE MABRY HWY LLC and your check(s) totaling \$125.00. However, the document has not been filed and is being retained in this office for the following:

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 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.

Jenna D Harris Regulatory Specialist II

Letter Number: 717A00019599

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

	lwy LLC			
(Name of Foreig	Iwy LLC n Limited Liability Company; must include "	Limited Liability Company," "L.L.C.," or	r "I.I.C.")	•
If name unavailable, enter alternate	name adopted for the purpose of transacting business	ss in Florida. The alternate name must include "I	imited Liability Company," "L.L.C." or "L10	C.T)
Colorado	traine adopted for the purpose of transacting obstites		mines classify company, tarney or 12.	~, ,
	which foreign limited liability company is organized)	<u> </u>	(FEI number, if applicable)	-
ł	Date first transacted business in Florida, if	prior to registration.)		
61.19 C Fulton Stroot	(See sections 605,0904 & 605,0905, F.S. to		1	
5. 6148 S. Fulton Street	f Principal Office)	6	ailing Address)	
Englewood, CO 8011	L			
			28	•
			7 (arm
. Name and street addr	ess of Florida registered agent: (P.O	. Box NOT acceptable)). T	The case
	Angela Fox	•	' 	7 • •
Name:	Augela Fox	<u> </u>	· · · · · · · · · · · · · · · · · · ·	· ,
Office Address:	4141 Bayshore Blvd.			•
	Tampa Bay	mada. 330	511	
	(City)	Florida <u>330</u>	(Zip code)	
	ns of my position as registered agen	roper and complete performance	- '	ur wun
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ind accept the obligatio	ns of my position as registered agen	TOX agent's signature)	is/are: Name and Address:	
and accept the obligation. 8. The name, title or ca	pacity and address of the person(s) w Name and Address: Constantine Sarganis	agent's signature) who has/have authority to manage		
8. The name, title or ca	pacity and address of the person(s) w Name and Address: Constantine Sarganis 6148 S. Fulton Street	agent's signature) who has/have authority to manage		
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nd accept the obligation 8. The name, title or can a Title or Capacity: Manager	pacity and address of the person(s) w Name and Address: Constantine Sarganis 6148 S. Fulton Street Englewood, CO 80111	agent's signature) who has/have authority to manage		
8. The name, title or ca Title or Capacity: Manager	pacity and address of the person(s) w Name and Address: Constantine Sarganis 6148 S. Fulton Street Englewood, CO 80111	agent's signature) who has/have authority to manage		
8. The name, title or ca Title or Capacity: Manager (Use attachments if nece)	ns of my position as registered agent (Registered pacity and address of the person(s) was Name and Address: Constantine Sarganis 6148 S. Fulton Street Englewood, CO 80111 essary) te of existence, no more than 90 days	agent's signature) who has/have authority to manage Title or Capacity:	Name and Address:	in the
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Typed or printed name of signee

OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Wayne W. Williams, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

4027 S. Dale Mabry Hwy LLC

is a

Limited Liability Company

formed or registered on 09/06/2017 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20171678643.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 10/12/2017 that have been posted, and by documents delivered to this office electronically through 10/16/2017 @ 23:53:59.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 10/16/2017 @ 23:53:59 in accordance with applicable law. This certificate is assigned Confirmation Number 10500329



Hogge Williams

Secretary of State of the State of Colorado

****End of Certificate*

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately volid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, http://www.oovstate.co.us/hpc/Certificate/search/Criteria do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http://www.oovstate.co.us/click/Businesses, trademarks, trade names and select "Frequently Asked Questions."