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UBJECT:		Name of	Limited Liability C	Company	-	-	
he enclose xistence, a	d "Application by For nd check are submitte	eign Limited Liability Comp d to register the above refer	pany for Authoriza enced foreign limit	tion to Tra ed liability	ansact Business in Florida y company to transact bus	" Certific iness in FI	
ease retur	n all correspondence c	oncerning this matter to the	following:			1	
	Ellen Kulik						
	Name of Person						
	50 State LLC	50 State LLC					
	Firm/Company					-	
	11 Fennell Stree	11 Fennell Street, Suite 1					
	Address						
	Skaneateles, NY 13152					Ŋ.	
	City/State and Zip Code						
	kelly@50statelle.	com					
		E-mail address: (to be used for future annual report notification)					
or further i	nformation concerning	g this matter, please call:] \ \	
EII	Ellen Kulik			4757		, ,	
_	Name o	f Contact Person	at (Area Code	Day	time Telephone Number	- i	
Div Re _P .C	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		i	
	a check for the follow \$125.00 Filing Fee	ing amount: \$\Bigsim \frac{1}{2} \frac{1}	□ \$155.00 Filin Certified Copy	g Fee &	☐ \$160.00 Filing Fee, Of Status & Certified Co		

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 COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: L Tangier Properties LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," of "LLC,") 27-2193969 (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 6. 11 Fennell Street, Suite 1 11 Fennell Street, Suite 1 (Street Address of Principal Office) (Mailing Address) Skaneateles, NY 13152 Skaneatcles, NY 13152 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company Name: 1201 Hays Street Office Address: Florida 32301 Tallahasee 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. I 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. Corporation Service Company By: Michael O'brien (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: Title or Capacity: Name and Address Phase 4 Real Estate LLC Member 11 Fennell Street, Suite 1 Skaneateles, NY 13152 (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. Signature of an authorized person Phase 4 Real Estate LLC, by Peer A. Soderberg, Member

Typed or printed name of signee

Delaware

The First State

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

DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT

COPY OF THE CERTIFICATE OF FORMATION OF "TANGIER PROPERTIES

LLC", FILED IN THIS OFFICE ON THE TWENTY-SEVENTH DAY OF

OCTOBER, A.D. 2017, AT 4:01 O'CLOCK P.M.

Authentication: 203477506

Date: 10-27-17

Page 1

State of Delaware
Secretary of State
Division of Corporations
Delivered 04:01 PM 10/27/2017
FILED 04:01 PM 10/27/2017
SR 20176826789 - File Number 6594913

CERTIFICATE OF FORMATION

OF

TANGIER PROPERTIES LLC

(Under Section 18-201 of the Limited Liability Company Act)

FIRST: The name of the limited liability company is Tangler Properties LLC.

SECOND: The address of its registered office in the State of Delaware is 251
Little Falls Drive, Wilmington, Delaware 19808, County of New Castle. The name of its registered agent at such address is Corporation Service Company.

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Formation of Tangier Properties LLC this 27th day of October, 2017.

Ellen G. Kulik, Authorized Person

50 State LLC

11 Fennell Street, Suite 1

Skaneateles, New York 13152