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COVER LETTER

TO:	Registration Section Division of Corporations		
SHRJE	ACHIEVE CAPITAL REAL ESTATE, LLC		
		of Limited Liability	Company
The end Existen	closed "Application by Foreign Limited Liability Cocce, and check are submitted to register the above references."	mpany for Authoriza erenced foreign limi	ation to Transact Business in Florida," Certificate of ted liability company to transact business in Florida.
Please i	return all correspondence concerning this matter to the	he following:	
	FABIO LIVEROTTI		
		Name of Person	
	ACHIEVE CAPITAL REAL ESTATE, I	LLC	
		Firm/Company	
	2385 NW EXECUTIVE CENTER DRIV	E, SUITE 100	
		Address	
	BOCA RATON, FL 33431		
	City	/State and Zip Code	
	FLIVEROTTI@ACHIEVECAP.COM		
5 6.	E-mail address: (to be us	sed for future annual	report notification)
ror turi	her information concerning this matter, please call:		
	RAYONDA WILLIAMS	954 at (389-7733
	Name of Contact Person	Area Code	Daytime Telephone Number
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassec, Fl. 32314		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclose	d is a check for the following amount: S125.00 Filing Fee S130.00 Filing Fee & Certificate of Status CE S125.00 Filing Fee S130.00 Filing Fee & Certificate of Status	□ \$155.00 Filir Certified Copy	ng Fee & S160.00 Filing Fee, Certificate of Status & Certified Copy

NO \$

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

IN COMPILANCE WITH SECTION 605.0902, FLORIDA SECTUTES, THE FOLLOWING INSUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(It r	name unavailable, enter alternate is	ame adopted for the purpose of transacting b	usmess in Florida. The alterna	ate name must include "Limited Lia	hility Company,"	"L.L.C." or "I	.i.C ")
2.	DELAWARE		3.				
	(Jurisdiction under the law of wh	nich foreign limited hability company is organ		(FEI mank	er, il'applicable)		-
4	N/A						
		(Date first transacted business in Flori (See sections 605 0204 & 605 0205, F	da, (f prior to registration.) .S. to determine penalty liabil	lity)			
5.	2385 NW EXECUTIV	E CENTER DRIVE	6.			<u> </u>	\preceq
•	(Street Address of I	'nncipal Office)	v. <u> </u>	(Mailing Add	(525)		<u> </u>
	SUITE 100			· · · · · · · · · · · · · · · · · · ·		_	
	BOCA RATON, FL 33	9431					_ 🕠
7	Managard sures and decay	CF1 - 14 1	DA Da MAT	. 113			NO 15
1.	Name and <u>street adores</u>	s of Florida registered agent: (P.O. BOX NOT acce	eptable)			5
	Name:	FORTUANTA ESPINOZA					
	Office Address:	701 BRICKELL AVE, SUIT	E 1550				٠. ١
		MIAMI		, Florida 33131			
		(Cuy	,)	, riorida(Zip cod	e)		
		s of my þasitipn as registerad a	уст.				
	. 0						
		Millin W. 20	(7) — toyéd agent's signature)				
			(G) (-) leged agent's signature) s) who has/have auth		Name and	<u>d Addres</u>	<u>s:</u>
	The name, title or capa	(Regist city and address of the person)	con C. rejet agent's signature) s) who has/have auth Title	nority to manage is/are;		d Addres:	<u>s:</u>
	The name, title or capa Title or Capacity:	(Registricity and address of the person) Name and Address	ceped agent's signature) s) who has/have auth Title	nority to manage is/are;		d Addres:	<u>s:</u>
	The name, title or capa Title or Capacity:	city and address of the person(Name and Address FABIO LIVEROTTI 2385 NW EXECUT	ceped agent's signature) s) who has/have auth Title	nority to manage is/are;		d Addres:	<u>s:</u>
	The name, title or capa Title or Capacity:	city and address of the person(Name and Address FABIO LIVEROTTI 2385 NW EXECUT	ceped agent's signature) s) who has/have auth Title	nority to manage is/are;		d Addres:	<u>N:</u>
8.	The name, title or capa Title or Capacity:	reity and address of the person(Name and Address FABIO LIVEROTTI 2385 NW EXECUT. BOCA RATON, FL	ceped agent's signature) s) who has/have auth Title	nority to manage is/are;		d Addres:	<u>S:</u>
8. 9 jur	The name, title or capa Title or Capacity: OWNER Je attachments if necess Attached is a certificate	reity and address of the person(Name and Address FABIO LIVEROTTI 2385 NW EXECUT. BOCA RATON, FL. sary) of existence, no more than 90 cof which it is organized. (If the	s) who has/have auth: Title VE CENT 33431	nority to manage is/are: or Capacity:	Name and	of record	ds in the
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Page 1

Delaware

The First State

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

DELAWARE, DO HEREBY CERTIFY THAT "ACHIEVE CAPITAL REAL ESTATE LLC"

IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN

GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED

OR REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY

AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF FORMATION, FILED THE SEVENTEENTH DAY OF NOVEMBER, A.D. 2015, AT 12:46 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CERTIFICATE IS THE ONLY PAPER OF RECORD, THE LIMITED LIABILITY

COMPANY IN QUESTION NOT HAVING FILED AN AMENDMENT NOR HAVING

MADE ANY CHANGE WHATSOEVER IN THE ORIGINAL CERTIFICATE AS FILED.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ACHIEVE CAPITAL REAL ESTATE LLC" WAS FORMED ON THE SEVENTEENTH DAY OF NOVEMBER, A.D. 2015.

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

5881389 8315 SR# 20176873983

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

) Authentication: 203493222

Date: 10-31-17