## 

| (Re                                       | questor's Name)      |             |  |  |
|---|----------------------|-------------|--|--|
| (Ad                                       | dress)               | <del></del> |  |  |
| (Ad                                       | dress)               |             |  |  |
| (Cit                                      | ty/State/Zip/Phone # | )           |  |  |
| PICK-UP                                   | WAIT                 | MAIL        |  |  |
| (Bu                                       | siness Entity Name   |             |  |  |
| (Do                                       | ocument Number)      |             |  |  |
| - Certified Copies Certificates of Status |                      |             |  |  |
| Special Instructions to                   | Filing Officer:      |             |  |  |
|   |                      |             |  |  |
|   |                      |             |  |  |
|   |                      |             |  |  |
| <u> </u>                                  |                      |             |  |  |





J. HARRIS

|                  | tration Section on of Corporations   |
|------------------|--|
| SUBJECT: _       | Bradenton Apartments LLC Name of Limited Liability Company   |
|                  | Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of check are submitted to register the above referenced foreign limited liability company to transact business in Florida |
| Please return al | l correspondence concerning this matter to the following:  |
|                  | Noam Magence Name of Person  |
| ;                | Name of Person   |
|                  | The NRP Group Firm/Company   |
|                  | · · · · · · · · · · · · · · · · · · ·  |
|                  | 5309 Transportation Blvd. Address  |
|                  |  |
|                  | City/State and Zip Code  |
|                  |  |
|                  | NMagence a NRPGroup. Com E-mail address: (to be used for future annual report notification)  |
| Dar Guthar infa  |  |
|                  | mation concerning this matter, please call:  |
| <u> </u>         | Name of Contact Person Area Code Daytime Telephone Number  |
|                  |  |
|                  | ING ADDRESS: STREET ADDRESS: Division of Corporations  |
| _                | ation Section Registration Section  ox 6327 Clifton Building   |
|                  | ssee, FL 32314 2661 Executive Center Circle  |
|                  | Tailahassee, FL 32301  |
|                  | cck for the following amount:  5.00 Filing Fee   |
|                  | Already Sent a check (#30488) in the amount of \$78.7  |
|                  | Please apply the enclosed check, in the amount of  |
|                  | \$46.25, to my account in order to sabisfy the fili  |

fee of the above-listed foreign LLC.



October 27, 2017

NOAM MAGENCE 5309 TRANSPORTATION BLVD CLEVELAND, OH 44125

SUBJECT: BRADENTON APARTMENTS LLC

Ref. Number: W17000086355

2817 NGY 15 PM 4: 52

We have received your document for BRADENTON APARTMENTS LLC and check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$46.25. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(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.

Jenna D Harris Regulatory Specialist II

Letter Number: 417A00021791

2017 NOY 15 AM (\$:31

& RECEIVED NOV 6 2017

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

IN COMPILANCE, WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT RUSINESS IN THE STATE OF FLORIDA.

| (If name unavailable, enter alternate name ado   | d Liability Company; must include "L   | ·                                      |                                     | •                                       | ·                                   | .lC." or "{.l.C.") | n        |
|--|--|--|-------------------------------------|---|-------------------------------------|--------------------|----------|
|  | sign limited liability company is organized)   |  |                                     |   | per, if applicable)                 |                    | ,        |
| 4. <b>N/A</b>  | Note Continued at Line 2. Disable 16 are   | io-to-reliation                        |                                     |   |                                     |                    |          |
|  | Date first transacted business in Florida, if poies sections 605.0904 & 605.0905, F.S. to de |  |                                     |   | .1                                  | ۸. ،               | ı        |
| 5. 5309 Transpor   | Office)  | 6. <u> </u>                            | 5 504                               | (Mailing Add                            | ortation<br>oH 4412.                | Blud.              |          |
| Cleveland, OH  | 44125  |  | Cleve                               | land, c                                 | <u>54 4412.</u>                     | 5                  |          |
|  |  | .——                                    |                                     |   | <del></del> 1                       | N)                 | •        |
| 7. Name and street address of FI   | lorida registered agent: (P.O. J   | Box NOT accept                         | table)                              |   | <u>.</u>                            |                    | دن.<br>ع |
| <del></del>  | T Corporation Sy   | <b>_</b>                               | •                                   |   |                                     | 2 **               | gr# #1." |
|  | 00 South Pine  |  |                                     |   |                                     | 5                  |          |
|  |  |  |                                     | 2221                                    | ο <b>υ</b>                          | <u>:</u>           |          |
|  | Plantation (City)  |  | _ , Florida _                       | (Zip code                               | (1)                                 | <del></del>        |          |
| Having been named as registere designated in this application, I to comply with the provisions of and accept the obligations of my | hereby accept the appointment all statutes relative to the proposition as registered agent.  | nt as registered a<br>per and complete | gent and ag<br>e performa<br>105 M. | gree to act in<br>the of my a<br>Halpir | in this capacit<br>luties, and I an | y. I further       | agree    |
|  | nd address of the person(s) who Name and Address:  |  | ity to mana<br>Capacity:            | ge is/are:                              | Name and A                          | Address:           |          |
| 8. The name, title or capacity an Title or Capacity:   |  |  |                                     |   |                                     |                    |          |
| Title or Capacity:   | J. Bauld Heller  |  |                                     |   |                                     |                    |          |
|  | J. David Heller<br>5309 Transfortation<br>Cleveland, 04-4412                                 |  |                                     | _                                       |                                     |                    |          |
| Title or Capacity:   | 5309 Transportation<br>Cleveland, OH-4412  | 5-                                     |                                     |   |                                     |                    |          |
| President  | 5309 Transportation  | 5-                                     |                                     |   |                                     |                    |          |

Typed or printed name of signee

submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



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

DELAWARE, DO HEREBY CERTIFY "BRADENTON APARTMENTS 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 NINTH DAY OF NOVEMBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BRADENTON

APARTMENTS LLC" WAS FORMED ON THE NINETEENTH DAY OF OCTOBER, A.D.

2017.



Authentication: 203542995

Date: 11-09-17