18190000411

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
W17 - 92396					

Office Use Only



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Y SULKEP



November 20, 2017

WILLIAM S ABRAMS II 3645 HWY 90 PACE, FL 32571 US

SUBJECT: 87 PROPERTY, LLC Ref. Number: W17000092396

We have received your document for 87 PROPERTY, LLC and your check(s) totaling \$160.00. 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 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.

Letter Number: 317A00023514

Yasemin Y Sulker Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT: _		Name of	Limited Liability (Company		
The enclosed " Existence, and	'Application by For check are submitte	eign Limited Liability Comp d to register the above refero	oany for Authoriza enced foreign limi	ation to Transact Business in Florida,") ted liability company to transact busine	Certificate of ess in Florida.	
Please return a	Il correspondence c	oncerning this matter to the	following:			
	William S. Abra	ıms II				
		N:	ame of Person			
	Abrams Group	Holdings				
	Firm/Company					
	3645 Hwy 90					
	Address					
	Pace, FL 32571					
		City/S	tate and Zip Code			
	office@abramsgr	•				
		E-mail address; (to be used	d for future annual	report notification)		
For further info	ormation concerning	g this matter, please call:				
Shaw	nee Trowbrdige		850 at (994-7980		
.	Name o	f Contact Person	Area Code	Daytime Telephone Number		
Divisi Regis P.O. I	LING ADDRESS: ion of Corporations stration Section Box 6327 hassee, FL 32314			STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		
	theck for the follow 25.00 Filing Fee	ing amount: ■ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filii Certified Copy	ng Fee & S160.00 Filing Fee, Ce of Status & Certified Cop		

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign	Limited Liability Company; must include "Li	inuted Liability Company," "L.L.C.," or "LLC.	" 1		
ffiname unavailable, enter alternate ra	ame adopted for the purpose of transacting business i	in Florida. The alternate name must include "Limited I	iability Company," "L.L.C," or "LLC,")		
2. Delaware		3. 82-3286515			
(Jurisdiction under the law of wh	hich foreign limited liability company is organized)	(FEI nu	mber, if applicable)		
4.					
•	(Date first transacted business in Florida, if pri (See sections 605,0904 & 605,0905, F.S. to de	or to registration) etermine penalty liability)			
5 3210 Saint Andrews D		6. 3645 Hwy 90	6. 3645 Hwy 90		
(Street Address of P	rincipal Office)	•	(Mailing Address)		
Pace FL 32571		Pace, FL 32571			
·					
7. Name and street addres	is of Florida registered agent: (P.O. I	Box <u>NOT</u> acceptable)			
Name:	Williams S Abrams II				
Office Address:	3210 Saint Andrews Dr				
Office Address.	Б.	13571	. ‡		
	Pace	, Florida 32571 (Zip c			
Registered agent's accep	•	tzip e	ode)		
ina accept the obligations	s of my position as registered agent.	4			
	(Registered age	ent' (signature)			
8. The name, title or capa <u>Title or Capacity:</u>	icity and address of the person(s) who Name and Address:	o has/have authority to manage is/are: Title or Capacity:	Name and Address:		
President	William S Abrams II				
					
					
	-				
{Use attachments if neces	sarv)				
9. Attached is a certificate jurisdiction under the law	of existence, no more than 90 days of which it is organized. (If the certif	old, duly authenticated by the official ficate is in a foreign language, a transl			
jurisdiction under the law of the translator must be st 10. This document is exec	of existence, no more than 90 days of which it is organized. (If the certifubmitted)		ation of the certificate under oath		
9. Attached is a certificate jurisdiction under the law of the translator must be so	of existence, no more than 90 days of which it is organized. (If the certifubmitted) uted in accordance with section 605.0 or the Department of State constitutes	ficate is in a foreign language, a transl 0203 (1) (b), Florida Statutes, I am aw	ation of the certificate under oath		

Typed or printed name of signee

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "87 PROPERTY, 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 TWENTY-FIRST DAY OF NOVEMBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "87 PROPERTY,

LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF OCTOBER, A.D. 2017.



Authentication: 203616630

Date: 11-21-17

6594504 8300 SR# 20177200297