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FLORIDA DEPARTMENT OF STATE Division of Corporations

November 16, 2017

JENNIE PEAKES PO BOX 920 LAKE OSWEGO, OR 97034

SUBJECT: 50 WEST UNION, LLC Ref. Number: W17000085737

We have received your document for 50 WEST UNION, LLC and your check(s) totaling \$260.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Please list the complete principal office address.

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

Type or print name of signee.

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.

Dionne M Pijeaux Regulatory Specialist

Letter Number: 617A00023243

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www.sunbiz.org

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 COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. 50 West Union, LLC			
(Name of Fore	ign Limited Liah	oility Company; must include "Limited Liability Company," "L.L.C	U.," or "LLC.")
If name unavailable, enter al Liability Company," "L.L.C,		pted for the purpose of transacting business in Florida. The alterna	ate name must include "Limited
Delaware		3.	
(Jurisdiction under the law company is organized)	of which foreign	limited liability (FEI number, if appl	icable)
J	(Date fir	st transacted business in Florida, if prior to registration.)	
	(See sectio	ns 605,0904 & 605,0905, F.S. to determine penalty liability)	
PO Box 920, Lake Osweg	o, OR 97034		
155 B	Ave, SA	(Street Address of Principal Office)	77034
6. PO Box 920, Lake Osw	ego. OR 97034		<u> </u>
) '(
		(Mailing Address)	
7. Name and street address	s of Florida reg	sistered agent: (P.O. Box NOT acceptable)	
Name:	Registered A	gents Inc.	
Office Address:	3030 N. Roc	ky Point Dr. STE 150A	
	Tampa	, Florida 33607 (City) (Zip coo	
Registered agent's accep	tance:	(City) (Zip coo	de)
laving been named as re	gistered agent	and to accept service of process for the above stated limited	
		ccept the appointment as registered agent and agree to act es relative to the proper and complete performance of my	
accept the obligations of i			Og: ₹ 1
		Rec N	(1)
		(Registered agent's signature)	
8. The name, title or capa	neity an d addie s	is of the person(s) who has/have authority to manage is/are:	
Robert M. Law, Manag	er		
285 W from	+ S+ T		
allon, NV	89404	2	
	of which it is or	o more than 90 days old, duly authenticated by the official harganized. (If the certificate is in a foreign language, a transla	
	- Chi	nu Peakes	
	O^{-1}	Signature of an authorized person	
This document is executed submitted in a document to	in accordance the Departmen	with section 605.0203 (1) (b), Florida Statutes. I am aware that of State constitutes a third degree felony as provided for in	nat any false information s.817.155, F.S.

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 "50 WEST UNION, LLC" IS DULY FORMED

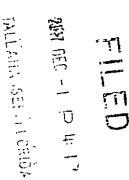
UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS

OF THE SEVENTH DAY OF NOVEMBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "50 WEST UNION, LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF AUGUST, A.D. 2017.

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





Authentication: 203534136

Date: 11-07-17

6527094 8300 SR# 20176983922

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