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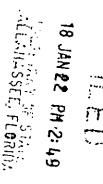
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

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COVER LETTER

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Registration Section

TO:

Div	ision of Corporations NP153, LLC				
SUBJECT:		ne of Limited Liability Company			
		Company for Authorization to Transact Business in Florida." Certifica referenced foreign limited liability company to transact business in Florida.			
Please return	all correspondence concerning this matter t	to the following:			
	Brian Newman				
	Name of Person				
	Shelving Rock, LLC				
	Firm/Company				
	3 Corporate Drive, Ste 208				
Address Shelton, CT 06484					
	bnewman@shelvingrock.com				
	E-mail address: (to b	e used for future annual report notification)			
For further in	nformation concerning this matter, please ca	ill:			
Brian Newman		866 598-2546 at ()			
	Name of Contact Person	Area Code Daytime Telephone Number			
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 check for the following amount: \$125.00 Filing Fee \$130.00 Filing Fee Certificate of Status				

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

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

L NP153, LLC								
(Name of Foreign	Limited Liability Company; must include "Limite	d Liabih	ty Company," "I, L.C.," or "LLC,")					
(If name unavailable, enter alternate na	aine adopted for the purpose of transacting business in Flo	orida The	alternate name must include "Limited Liab	ility Company," "L.L.C," or "LLC."}				
2 Delaware		3	30-0873314					
(Jurisdiction under the law of wh	uch foreign limited liability company is organized)	·		er, if applicable)				
January 1, 2018								
4. January 1, 2016	(Date first transacted business in Florida, if prior to	registratio	n }					
	(See sections 605,0904 & 605,0905, F.S. to determ	ine penalty	· liability)					
5. NP153. LLC		6.	NP153, LLC (Mailing Addre					
(Street Address of Principal Office)			(Mailing Addre 601 Brickell Key Drive, Sui					
601 Brickell Key Drive, Suite 700			•					
Miami, Fl. 33131			Miami, FL 33131					
7. Name and street address	s of Florida registered agent: (P.O. Box	: NOT	acceptable)					
	CT Corporation System							
Name:	C1 Corporation system			\$ 76				
Office Address:	1200 South Pine Island Road			;,,,,,,,,,,				
	SI			三二三二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二	،مین			
	Plantation		Florida 33324 (Zip code	\$\frac{1}{2} \text{ (\$\frac{1}{2} (\$\f	, a 11 ⁻⁸			
Registered agent's accep	(City)		(Zip code	95.				
•	gistered agent and to accept service of	process	for the above stated limited	liability company a ne p	luoes			
	tion, I hereby accept the appointment a							
to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and lam familiar with								
and accept the obligation:	s of pit position as registered agent. C			Secretary 6				
andur grater C T Corporation System								
(Registered agent's signature)								
0 Th	of the control of the control of the terms o	d						
Title or Capacity:	acity and address of the person(s) who have and Address:		authority to manage is/are: "itle or Capacity:	Name and Address;				
<u> </u>		4	nic or Capacity.	Maint and Addition,				
Manager	Stephen Lamando							
	601 Brickell Key Dr., Ste 700 Miami, FL 33131	<u>)</u>						
	Wilaini, 1 E 33131	_						
Authorized Person	Brian Newman							
	601 Brickell Key Dr., Ste 700							
	Miami, Fl. 33131	_						
(Use attachments if necess	cam)							
(Ose attachments if neces.	sais)							
9. Attached is a certificate	of existence, no more than 90 days old,	duly at	thenticated by the official has	ving custody of records in	the			
	of which it is organized. (If the certificat	te is in	a foreign language, a translati	on of the certificate under	oath			
of the translator must be su	ibmitted)							
10. This document is assess	uted in accordance with section 605,020.	2 (1) (1). Planida Statutur, Lamanuma	s that any falsa information				
	the Department of State constitutes a th				1			
acomined in a document it	and reparament of state constructs a m		ree retorns as provided for firs	mer. Der tiel.				
								
Signature of an authorized person								
Brian Newman								

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 "NP153, 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 SEVENTEENTH DAY OF JANUARY, A.D. 2018.

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

18 JAN 22 PH-2: 49



Authentication: 201980630

Date: 01-17-18

5760302 8300 SR# 20180295629