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To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : TRIAD PROFESS Account Number : I20160000008 Phone : (850)777-2091 Fax Number : (770)220-1943	RECEIVED JAN 3 0 2018
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Foreign Limited Liab	ility Company
Morgan Bay	LLC Q COUL
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January 30, 2018

FLORIDA DEPARTMENT OF STATE Division of Corporations

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TRIAD PROFESSIONAL SERVICES

SUBJECT: MORGAN BAY LLC REF: W18000009550

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of 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.

Judy A Leggett Regulatory Specialist II Registration Section PAX Aud. #: E18000034643 Letter Number: 718A00001925

P.O BOX 6327 - Tailahassed, Flonda 32314

Jan 30 2018 14	56 Triad 7702201	943 Р	age 3	 a	
		CO	VER LETTER		
TO: Reg Div	pstration Section ision of Corporation	3			
SUBJECT:	Morgan Bay LLC				
SUBJECT.		Name of	Limited Liabilit	ty Company	
The enclosed Existence, ar	I "Application by Fore ad check are submitted	ign Limited Liability Comp to register the above refere	oany for Author enced foreign fi	ization to Transact Business in Florida," mited liability company to transact busin	Certificate of less in Florida.
Please return	all correspondence of	oncerning this matter to the	following:		
	Christina Booth	:			
		N.	ame of Person		
	Morgan Bay LL	с	I		
		F	irm/Company		
	7121 Fairway D	rive, Suite 410			
			Address		
	Palm Beach Gar	dens. FL 33418			
		City/S	tate and Zip Co	dc	
	notices@wrefhold	•			
		E-mail address: (to be use	d for future ann	ual report notification)	
For further i	nformation concerning	this matter, please call:			
Ch	ristina Boothe		t ()	
	Name o	Contact Person	Area Co	de Daytime Telephone Number	
	MILING ADDRESS:			STREET ADDRESS: Division of Corporations	
Reg	Division of Corporations Registration Section			Registration Section	
	P.O. Box 6327 Tallahassee, FL 32314			Clifton Building 2661 Executive Center Circle	
				Tallahassee, FL 32301	
	a check for the followi \$125.00 Filing Fee	ng amount:	Certified Co		
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page 4

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

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IN COMPLIANCE WITH SECTION BUSIDID, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABLITY COMPANY TO TRANSACT BODINESS IN THE STATE OF FLORIDA:

Aorgan Bay LLC				
(Name of Possign	Limited Liability Company; excit include "Li	mited Linkilly Company," "Lini	u,," @"1140.")	B
	une adopted for the parpene of transmitog business is	Rorida. The planness must must be	tude "Lithics Listicity Company,	
Dolawaro		3	3	<u>ر،</u>
(Juristician under the law of w	arch minings Hendrad Kability occupanty is segratured)		(Fill saraber, if applicable	\$
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	(See sections 605,0904 & 663,0901, F.R. to de	nanico panicir linizitity)		ن ب
7121 Fairway Drive		6. 7121 Fairway 1		
(Street Address of I	Vincipal Official		(Maling Address)	ía -
Suite 410		Suite 410	<u> </u>	¥1
Paim Bosch Gardens, J	ጌ 33418	Palm Boach Ga	ardens, FL 33418	
Name and stuggt address	u of Florida registered agent: (P.O. I	www.NOT accentable)		
Andride start Bridder Holdride		CILLINGUNCUNCUNCUNCUNCUNCUNCUNCUNCUNCUNCUNCUNCU		• •
Name:	NRAJ Services, Inc.			
	1200 South Pine Island Road			
Office Address:	1200 South Plife tolaid. Kons			
	Plantation	. Florid	a 33324	
•	(CNy)		(Zip code)	
egistered agent's accep	tancei			
aring been named as re	glatered agent and to accept service	of process for the above z	isted limited Bubility o	ompany at the p
signated in this applics	tion, I hereby accept the appointment one of all statutes relative to the pro-	u as registered agent and	agree to act in this cap	eciji. I furiksi Love formilion
	s of the position as regimered agent.		anies of my server and	12 000 2000000
ut accelt me southerness	. Viuda	h bal		
	/illow			
	(Injinind ej	ella signaturo)		
The same title or care	icity and address of the person(a) who	has/have suther by to man	ave is/aro	
<u>Title or Capacity:</u>	Name and Address	Title or Capacity		nd Address:
Sole Manber	Christina Boothe	TR		
	7121 Fairway Drive, Suite PabaBeech Gardons, PL 33			
	THERE'S OR AND A PL 32	11%		

(Use attachments if necessary)

9. Attached is a certificate of existence, no more than 90 days old, duly suthanticated by the official having costody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is exemuted in accordance with section 505.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree falony as provided for in s.817.135, F.S.

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Signation of a	n suiterichi persa
Christins Boothe	
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Page 1

The First Slate

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MORGAN BAY 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-NINTH DAY OF JANUARY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MORGAN BAY LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF JAMUARY, A.D. 2018.

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

t.

6723174 8300

SR# 20180566255 You may verify this certificate colume at corp.delaware.gov/authver.shtml

Authentication: 202052333 Date: 01-29-18