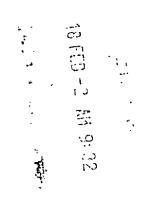
11/8000001177

(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:

Office Use Only



300308350263





O SIMMONS FED 0 5 2010 CORPORATION SERVICE COMPANY
1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195
REFERENCE : 056484 7488518
AUTHORIZATION: Sprets blemon
COST LIMIT : \$ 125.00
ORDER DATE : February 2, 2018
ORDER TIME : 1:41 PM
ORDER NO. : 056484-005
CUSTOMER NO: 7488518
FOREIGN FILINGS
NAME: FLF CAB DELAWARE LLC
XXXX QUALIFICATION (TYPE: <u>LL</u>)
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Roxanne Turner EXT# 62969

EXAMINER:

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

IN COMPLIANCE WITH SECTION 605/9012, FLORIDA STATUTES, THE POLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIMITITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: FLF CAB Delaware LLC (Name of Foreign Limited Liebility Company; must include "Limited Liability Company," "LLC," or "LLC.") (if pame unavailable, enter abstracts name adopted for the purpose of sumsetting business in Florida. The abstracts name seast include "Limited Liability Company," "L.L.C." or "LLC.") Delaware (Jurisdiction under the law of which foreign limited behiltly company is organized) (FEL species, of explosible) [Dete first transacted humans in Florida, if prior to regularition.]
(See sections 603,0904 & 605,0903, F.S. to deterrifes penalty hankty) 601 Heritage Drive, Ste 227 601 Heritage Drive, Ste 227 (Street Address of Francipal Office) (Maring Address) Jupiter, 71, 33453 Jupiter, FL 33458 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Joshua Simon 601 Heritage Drive; Ste 227 Office Address: Jupiter _____, Florida 33458 Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept, the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes pelative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as pegistered agent. 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address; Title or Capacity: Name and Address: Member FLF CAB L LLC 601 Heritage Dr. Ste 227 Jupiter, FL 33458 (Use attachments if necessary) 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody 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 executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "FLF CAB DELAWARE 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 THIRTY-FIRST DAY OF JANUARY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FLF CAB DELAWARE"

LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF JANUARY, A.D. 2018.

The second secon

Authentication: 202070S69

Date: 01-31-18

6731319 8300 SR# 20180617634