

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

والمعاملات فالمناز الراماء الانواد وتعاملتها والعاريتونية متواد والمارية المارية المارية المارية

Fax Number : (850) 617-8383

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From:

Account Name : HARVARD BUSINESS SERVICES, INC.

Account Number : 120020000645 : (302)645-7400 : (302) 845-1230 Fax Number

**Ender the email address for this business entrry to be used for future annual report mailings. Enter only one email address please. **

Email Address: tcohan@gmail.com

Foreign Limited Liability/Company 1435 North Ocean Way LLC

Certificate of Status	1
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Electronic Filing Menu — Corporate Filing Menu

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S. WARREN

2/19/2018

To:18506176383 ,13026451280

2/ 3

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

IN COMPILANCE WITH SECTION 695,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TIMITED HABILITY COMPILANCE WITH SECTION SURVEYS INTHE STATE OF STOREGE.

	AINEM IN THE MATE OF FLORIDA:		
(Name of Foreign	y LLC Limited Liability Company, must include "Limited	J Liability Company," "L.L.C.," or "LLC."	7)
	anic adopted for the purpose of transacting business in Flat	rida. The alternate name most include "I muted Li	ubility Company " "L.f. C. " or "LLs" ")
2. Delaware	high foreign launted highlity company is organized)	3. (FE) non	nter, if applicable)
	······································	•	erri e e e e e
4. February 15, 2018	(Date first transacted business at Florida, if prior to (See sections 60): 0964 & 605,0905, F.S. to determi	ictrigation)	—— ≱∯ ∞
		ne penalty hebility (A PA
5. (Suret Address of	Principal (Office)	O. (Matting Ad	Man)
3250 South Ocean Box	ulevard, Apt 303N	PO Box 2930	E S
Palm Beach Fl. 33480	<u> </u>	Paim Beach FL 33480	
			15 5
7. Name and street addre	ss of Florida registered agent: (P.O. Box	NOT acceptable)	客型 豫
Name:	Todd M. Cohan		D
Office Address:	3250 South Ocean Boulevard, Apt 303	N	
	Palm Beach	, Florida <u>33480</u>	
	(City)	і Ірігон	ode)
and accept the obligation	ions of all statutes relative to the proper is of my position as registered agent.	46 Uzhire ⁴	-
	Total Paris Paris	341111011	
8. The name, title or cap <u>Title or Capacity:</u>	acity and address of the person(s) who have and Address:	is/have milliority to manage is/are: Title or Capacity;	Name and Address:
MGR	Todd M. Cohan	AMBR	Phoenix Key Trust 20 Montchum Road
	3250 South Ocean Boolevard Apt 303N	<u>.</u>	Suite 100
	Palm Beach FL 33480	_	Greenville, DE 19807
	-		
		- · · · · · · · · · · · · · · · · · · ·	
(Use attachments if neces	ssary)		
9 Attached is a certificati	e of existence, no more than 90 days old,	duly authenticated by the official l	having custody of records in the
jurisdiction under the law of the translator must be s	of which it is organized. (If the certificat	e is in a foreign language, a transli	ation of the certificate under oath
10 This document is executed in a document to	cuted in accordance with section 605.020, to the Department of State constitutes a th	3 (1) (b), Florida Statutes, I am awaird degree felony as provided for it	are that any false information in 3.817.155, F.S.
		of an authorized person.	
	/Signature	of an authorized person.	
	Todd M. Cohan		
		I pended same of signar	

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Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "1435 NORTH OCEAN WAY 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 NINETEENTH DAY OF FEBRUARY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "1435 NORTH OCEAN WAY LLC" WAS FORMED ON THE FOURTEENTH DAY OF FEBRUARY, A.D. 2018.

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

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6756192 8300 SR# 20181117696

You may verify this certificate online at corp.delaware.gov/authyer.shtinl

Authentication: 202174472

Date: 02-19-18

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