11/8000002274

(Re	questor's Name)
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



300309909123

03/06/18--01011--008 **205.00

2018 MAR -6 AM IC 34
SECRETARIASSIE FLORIDA

8 MAR -6 AM 9: 1 ECRETARY OF STATE HLLAHARSHEETI GENO.

x SALY MAR - 7 2018

SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 3/6/2018		**WALK IN**
ENTITY NAME LAKELA	ND HIGHWAY 98 BE, LLC	
DOCUMENT NUMBER_		
	PLEASE FILE THE ATTACHED AND RETURN	
	Plain Copy	
<u>xxxxxxxx</u>	Certified Copy Certificate of Status	
***	LEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**	
	Certified Copy of Arts & Amendments	
	Certificate of Good Standing	
	**APOSTILLE' / NOTARIAL CERTIFICATION **	
COUNTRY OF DESTINATI NUMBER OF CERTIFICAT	· · · · · · · · · · · · · · · · · · ·	
TOTAL OWED 155.00	снеск # <u>4605</u>	_
Please call Tina at th	e above number for any issues or concerns. Thank you s	ro much!

COVER LETTER

•

. .

		istration Section sion of Corporation	s				
SUBJEC	~T·	Lakeland Highway 9	8 BE, LLC				
SOBIEC	C 1 .		Name of	Limited Liability (Сотрапу		
			eign Limited Liability Comp I to register the above refere				
Please re	eturn	all correspondence co	oncerning this matter to the	following:			
		Jocelyn C. Beck	man				
			N	aine of Person			
		ARCTRUST Pr	operties, Inc.				
			Fi	rn/Company			
		1401 Broad Stre	eet				
				Address	,		
		Clifton, New Jo	rsey				
			City/S	tate and Zip Code			
		jbeckman@arctru	st.com				
			E-mail address: (to be used	for future annual	report not	ification)	
For furth	ner in	formation concerning	this matter, please call:				
	Joce	dyn C. Beckman		973 at (249-80	16	
		Name of	Contact Person	Area Code	Day	time Telephone Number	
	Divi Regi P.O.	ILING ADDRESS: sion of Corporations istration Section Box 6327 whassee, FL 32314			Division (Registrati Clifton B 2661 Exc	ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301	
		check for the followi 125.00 Filing Fee	ng amount: S130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Ce of Status & Certified Cop	

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

IN COMPLIANCE WITH SECTION (US.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS! IN THE STATE OF FLORIDA:

name unavailable, enter alternate it	mine adopted for the purpose of transacting business in Flor	rida, The alternate a	nine must include "Limited Links	hisy Company," "U.L.C," or "LLC;")
Delaware		3. 82-4		
(Jurisdiction under the law of w	hich foreign himited liability company is organized)	J	(FEI munic	r, if applicable)
Upon Filing				
Opon Fitting	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determine	registration.)	. <u> </u>	
14017) 1 0	(See Sections (103,0904) & 303,0903, 3.3. To obtain			
1401 Broad Street	rincipal Office)	6. 1401	Broad Street (Mailing Addre	-51)
Clifton, New Jersey 07		Clifto	on, New Jersey 07013	- 10 B
		<u> </u>		三流 •
				三百 第
Name and atmet address	ss of Florida registered agent: (P.O. Box	NOT accent	able)	53 4
. (Name and <u>street addres</u>				33
Name:	United Corporate Services, Inc.			三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三
Office Address:	9200 South Dadeland Boulevard, Suite	c 508		27.5
Office Address.			22166	
	Miami		_ , Florida <u>33156</u> (Zip code	
legistered agent's accep	(City)		(24) 1000	,
esignated in this application camply with the provis	egistered agent and to accept service of thon, I hereby accept the appointment a tions of all statutes relative to the proper as pf my position as registered agent.	is registered a r and complet	gent and a gree to act it to performance of my a	in this capacity. I further agr lutles, and I am familiar with
esignated in this application camply with the provis	egistered agent and to accept service of gains, I hereby accept the appointment a	is registered a r and complet	gent and a gree to act it to performance of my a	in this capacity. I further agre lattes, and I am familiar with
esignated in this applicate or comply with the provisional accept the obligation	egistered agent and to accept service of ution, I hereby accept the appointment a tions of all statutes relative to the proper as pf my position as registered agent. (Registered agent's	is registered of and completed of the co	ngent and agree to act it to performance of my a	in this capacity. I further agre lattes, and I am familiar with
esignated in this applicated in the provision of an economy with the provisional accept the obligation	egistered agent and to accept service of thon, I hereby accept the appointment a tions of all statutes relative to the proper as pf my position as registered agent.	is registered of and completed significant in the completed significant in the completed in	ngent and agree to act it to performance of my a	in this capacity. I further agre lattes, and I am familiar with
esignated in this applica a camply with the provis and accept the obligation 8. The name, title or cap	egistered agent and to accept service of ution, I hereby accept the appointment a dions of all statutes relative to the proper is pf my position as registered agent. (Registered agent's reacity and address of the person(s) who here	is registered of and completed significant in the completed significant in the completed in	rity to manage is/are:	in this capacity. I further agre- lattes, and I am familiar with
esignated in this applicate comply with the provisional accept the obligation. 8. The name, title or cap	registered agent and to accept service of ution, I hereby accept the appointment a tions of all statutes relative to the proper as pf my position as registered agent. (Registered agent's tracity and address of the person(s) who have and Address: ARCTRUST Investments Manager, LLC	is registered of and completed significant in the completed significant in the completed in	rity to manage is/are:	in this capacity. I further agre lattes, and I am familiar with
esignated in this applicate comply with the provisional accept the obligation. 8. The name, title or cap	registered agent and to accept service of them. I hereby accept the appointment a strong of all statutes relative to the properties of my position as registered agent. (Registered agent's reacity and address of the person(s) who have and Address: ARCTRUST Investments	is registered of and completed significant in the completed significant in the completed in	rity to manage is/are:	in this capacity. I further agre- lattes, and I am familiar with
esignated in this applicate comply with the provisional accept the obligation. 8. The name, title or cap	registered agent and to accept service of ution, I hereby accept the appointment a tions of all statutes relative to the proper as pf my position as registered agent. (Registered agent's tracity and address of the person(s) who have and Address: ARCTRUST Investments Manager, LLC	is registered of and completed significant in the completed significant in the completed in	rity to manage is/are:	in this capacity. I further agre- lattes, and I am familiar with
esignated in this applicate comply with the provisional accept the obligation. 8. The name, title or cap	registered agent and to accept service of ution, I hereby accept the appointment a tions of all statutes relative to the proper as pf my position as registered agent. (Registered agent's tracity and address of the person(s) who have and Address: ARCTRUST Investments Manager, LLC	is registered of and completed significant in the completed significant in the completed in	rity to manage is/are:	in this capacity. I further agre- lattes, and I am familiar with
esignated in this applicate comply with the provisional accept the obligation. 8. The name, title or cap	registered agent and to accept service of ution, I hereby accept the appointment a tions of all statutes relative to the proper as pf my position as registered agent. (Registered agent's tracity and address of the person(s) who have and Address: ARCTRUST Investments Manager, LLC	is registered of and completed significant in the completed significant in the completed in	rity to manage is/are:	in this capacity. I further agre lattes, and I am familiar with
esignated in this applicancemply with the provisual accept the obligation. 8. The name, title or cap Title or Capacity: Manager	egistered agent and to accept service of them. I hereby accept the appointment at the statutes of all statutes relative to the property of my position as registered agent. (Registered agent's accept and address of the person(s) who have and Address: ARCTRUST Investments Manager, LLC 1401 Broad St., Clifton, NJ	is registered of and completed significant in the completed significant in the completed in	rity to manage is/are:	in this capacity. I further agre- lattes, and I am familiar with
esignated in this applicancemply with the provisional accept the obligation. 8. The name, title or caparity: Manager (Use attachments if nece	egistered agent and to accept service of the property of all statutes relative to the property of my position as registered agent. (Registered agent's partition and address of the person(s) who have and Address: ARCTRUST Investments Manager, LLC 1401 Broad St., Clifton, NJ	Salve autho	rity to manage is/are:	in this capacity. I further agreelutes, and I am familiar with Name and Address:
esignated in this applicate comply with the provisional accept the obligation. 8. The name, title or caparity: Manager (Use attachments if neces). Attached is a certificate.	egistered agent and to accept service of the property accept the appointment at the statutes of all statutes relative to the property of my position as registered agent. (Registered agent's reacity and address of the person(s) who have and Address: ARCTRUST Investments Manager, LLC 1401 Broad St., Clifton, NJ ssary) c of existence, no more than 90 days old, of which it is organized. (If the certifical	And complete and complete and complete and complete adjusted as share authorized as the control	rity to manage is/are: Capacity:	Name and Address:

Typed or printed tunic of signee

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "LAKELAND HIGHWAY 98 BE, 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 SIXTH DAY OF MARCH, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LAKELAND HIGHWAY 98 BE, LLC" WAS FORMED ON THE FIFTEENTH DAY OF FEBRUARY, A.D. 2018.

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





Authentication: 202261739

Date: 03-06-18

6757312 8300 SR# 20181721959