

M18000002609

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

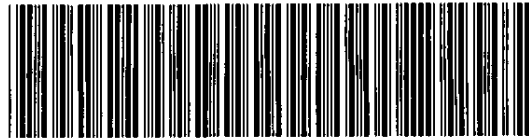
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
18 MAR 15 AM 9:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
DEPARTMENT OF STATE
18 MAR 15 PM 12:51

O SIMMONS

MAR 16 2018

Incorporating Services, Ltd.

3500 S DuPont Highway
Dover, DE 19901
302.531.0855
Fax: 302.531.3150
www.Incserv.com
e-mail: info@incserv.com



ORDER FORM

TO: Florida Department of State
Division of Corporations, Clifton
Building
2661 Executive Center Circle
Tallahassee, FL 32301
corphelp@dos.myflorida.com
850-245-6051

FROM: Karen Elliott
kelliott@incserv.com
302.531.3150

REQUEST DATE: 3/15/2018

PRIORITY: 24 Hours

OUR REF # (Order ID#): 636587

ORDER ENTITY:
NEFF HOUSEHOLD LLC

PLEASE PERFORM THE FOLLOWING SERVICES:
NEFF HOUSEHOLD LLC (FL)

File the attached foreign qualification document

NOTES:

\$125.00 Authorized

Email address for annual report filings: mwest@neffcapital.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be "WJ" or similar, written over a horizontal line.

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. NEFF HOUSEHOLD, LLC
(Name of Foreign Limited Liability Company must include "Limited Liability Company," "LLC," or "L.L.C.")

(If name unavailable enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "L.L.C.")

2. DELAWARE
(Jurisdiction under the law of which foreign limited liability company is organized) 3. _____ (FBI number, if applicable)

4. UPON QUALIFICATION
(Date first transacted business in Florida (if prior to registration))
(See sections 605.0903 & 605.0905, F.S. to determine penalty liability)

5. 3060 SW 2ND AVE
(Street Address of Principal Office)

6. 3060 SW 2ND AVE
(Mailing Address)

FT. LAUDERDALE, FL 33315

FT. LAUDERDALE, FL 33315

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

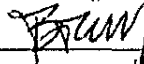
Name: BRIAN NEFF

Office Address: 3060 SW 2ND AVE

FT. LAUDERDALE, Florida 33315
(City) (Zip code)

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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

| <u>Title or Capacity:</u> | <u>Name and Address:</u> | <u>Title or Capacity:</u> | <u>Name and Address:</u> |
|---------------------------|---------------------------------|---------------------------|--------------------------|
| <u>MANAGER</u> | <u>BRIAN NEFF</u> | _____ | _____ |
| | <u>3060 SW 2ND AVE</u> | _____ | _____ |
| | <u>Ft. Lauderdale, FL 33315</u> | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

(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.



Signature of an authorized person

BRIAN NEFF

Typed or printed name of signer

FILED
MAR 15 AM 8:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NEFF HOUSEHOLD, 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 FIFTEENTH DAY OF MARCH, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NEFF HOUSEHOLD, LLC" WAS FORMED ON THE SEVENTH DAY OF MARCH, A.D. 2018.

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



6786794 8300

SR# 20181941005

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 202326512

Date: 03-15-18