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Fax Number : (850)617-6383 From: Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845 **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Email Address: Foreign Limited Liability Company 7101 N. Miami Avc., LLC	To:	Division of Corporations	THE REAL
From: Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845 **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Email Address: Foreign Limited Liability Company		Fax Number : (850)617-6383	
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2018 APR 2

Name and Address:

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

IN COMPLANCE 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:

		•			
ame unavailable, enter alternate n	and adopted for the purpose of transacting business in Pl	lorida The s	ternate name mast includ	is "Linned Lability Cor	npany," "LLC," or "LLC."
Delaware		3.		<u></u>	
(Jurisdiction uncer the law of wi	ich (breign limited liability company is organized)		د و ه	(FBI number, if spr	shcabiz)
	(Date first transacted business in Florida, if prior i	o registration	L)		
	(See sections 605.0904 & 605.0905, F.S. to deter	ains penany	in contray of		
45 SW 9th Street, #370	04E	6.	45 SW 9th Stree	et, #3704E	
(Sirect Address of F	rincipal Office)			(Mailing Address)	
Miami, Florida 33130			Miami, Florida 3	33130	
					<u> </u>
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	. (TTI AA A A AA AA AA A AA AA AA A AA A		eccentable)		م رو بر در ا مسر بر م
Name and street addres	s of Florida registered agent: (P.O. Bo	x <u>NOT</u>	acceptance)		
Name:	C T Corporation System				
panie.					· · · · · ·
Office Address:	1200 S. Pine Island Road				1
	Plantation		, Elorida	13324	

Having been named as registered agent and to accept service of process for the above stated timited mathing company at the price 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 performing of my curies and I am familiar with and accept the obligations of my position as registered agent. Assistant Secretary

(Registered agent's signature)

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

Title or Capacity:	iname and senaress.		
Manager	Alan P. Matthews 300 South Pointe Drive #1501	Маладег	John Matthews 45 SW 9th Street, #3704E Miani, Florida 33130
	Miami Beach, Florida 33139	:	
		•••	·
	·		

(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	
John Matthews	,	
	Typed or printed name of signee	
	· · ·	

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Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "7101 N. MIAMI AVE., 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 APRIL, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN . . . 00 ASSESSED TO DATE.

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SR# 20182849927 You may verify this certificate online at corp.delaware.gov/authver.shtml

a, Secretary of State

Authentication: 202544690 Date: 04-19-18