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Division of Corporations

P.001 Page 1 of 2

Florida Department of State

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H18000137992 3

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

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

Oblaware (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to detectable proalty liability)	IMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN T	THE STATE OF FLORIDA:		
If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written onsent of the managers or managing meribers adopting the alternate name. The alternate name must include "Limited Liability ompany," "LLC," "	GOENSE FAMILY INVESTMENT COMPAN	IY LLC	n 51 1 6 7	7\
company, "LLC." Delaware (Jurisdiction under the law of which foreign limited liability company is organized) (Dure first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to describe prastly liability) 1 Collins Avenue, Suite 603 Miami Beach, Florida 33139 (Street Address of Principal Office) Signature of an authority to manage is/are: John M. Goense, General Manager 1 Collins Avenue, Suite 603 Miami Beach, Florida 33139 8. Attached is an original 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. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate with section 603 0203. F.S. the execution of this cocument constitutes in affirmation under the penalties of perjury that the flater stated herein are run. 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.) John M. Goense	(Name of Foreign Limited Liability Company; must in	clude "Limited Liability Company," "L.L.C	"" or "LLC.	')
(Date first transacted business in Florida. If prier to registration.) (See sections 605.0904 & 605.0905, F.S. to describine proality limbility) 1 Collins Avenue, Suite 603 Miami Beach, Florida 33139 (Street Address of Principal Office) 1 Collins Avenue, Suite 603 Miami Beach, Florida 33139 (Malling Address) 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: John M. Goense, General Manager 1 Collins Avenue, Suite 603 Miami Beach, Florida 33189 8. Attached is an original conflicate 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 originated. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under certificate control of the translator must be submitted.) Signature of an authority all person (In accordance with section 605.0203, F.S., the execution of this cocument constitutes in affirmation submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.1155, F.S.) John M. Goense	If name unavailable, enter alternate name adopted for the pur consent of the managers or managing members adopting the a Company," "L.L.C." "LLC.")	rpose of transacting business in Fiorida and a literante name. The alternate name must incl	attach a copy ude "Limites	of the written I Liability
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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:	# / / / / / / / / / / / / / / / / / / /
GOENSE FAMILY INVESTMENT COMPANY LLC	
If unavailable, the alternate to be used in the state of Flor	īda is:
2. The name and the Florida street address of the register	red agent and office are:
John M. Goense	
(Name)	
1 Collins Avenue, Suite 603	
Florida Street Address (P.O. Box	NOT ACCEPTABLE)
Miami Beach FL	33139
City/State/	
Having been named as registered agent and to accept ser liability company at the place designated in this certificat registered agent and ugree to act in this capacity. I furthe statutes relating to the proper and complete performance accept the obligations of my position as registered agent a Stanues. A House (Signature)	e. hereby accept the appointment as er agree to comply with the provisions of al of my duties, and I am familiar with and

\$ 100.00

\$ 25.00

\$ 30.00

\$ 5.00

Filing Fee for Application

Certified Copy (optional)

Designation of Registered Agent

Certificate of Status (optional)

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H18000137992 3

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "GOENSE FAMILY INVESTMENT COMPANY 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 SECOND DAY OF MAY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GOENSE FAMILY INVESTMENT COMPANY LLC" WAS FORMED ON THE TENTH DAY OF DECEMBER, A.D. 2010.

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

<u>MT</u> IN.

Τ.

4911259 8300

SR# 20183263599

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

Authentication: 202619670

Date: 05-02-18