· · · · · ·	Electronic Filing Cover Sheet
	Please print this page and use it as a cover sheet. Type the fax aud er (shown below) on the top and bottom of all pages of the document
	(((H18000141011 3)))
	H180001410113ABCR
Note: D	page. Doing so will generate another cover sheet.
[To: Division of Corporations
	Fax Number : (850)617-6383
	Account Name : CAPITOL SERVICES, INC. Account Number : 120160000017 Phone : (800)245-4647 Fax Number : (800)432-3622
**Enter the	e email address for this business entity to be used for 1 report mailings. Enter only one email address please.
	Address:
1 -2-2-2-	Foreign Limited Liability Company
	GAMLA-CEDRON FLAGLER LLC
SALY - 7 2018	Certificate of Status 20 0 Certified Copy 2000 10 000 1
	Page Count 03

8

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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1 GAMLA-CEDRON FLAGLER LLC

If name unavailable, enter a	Itemate name adopted for the purpose	of transacting bus	ress in Florida. The alter	nate name must include "Limite
.iability Company," "L.L.C,	" or "LLC.")			
Delaware		36-4898	149	
(Jurisdiction under the law company is organized)	of which foreign limited liability	<u> </u>	 (PEI number, if ap) 	plicable)
Upon Filing				
•	(Date first transacted busines (See sections 605.0904 & 605.0	u in Florida, if pric 0905, P.S. to deterr	r to registration.) nine penalty liability)	<u></u>
2875 N.E. 191at Street				
Aventura, Florida 3318	80	· · · · · · · · · · · · · · · · · · ·		18
· · · · · · · · · · · · · · · · · · ·	(Street Address of P	nncipal Office)		
2875 N.E. 191st Street,	, Suite 200			
Aventura, Florida 3318	80			
- <u></u>	(Mailing A	(ddress)		
. Name and street addres	ss of Florida registered agent: (P.	O. Box <u>NOT</u> acc	eptable)	
Name:	NRAI Services, Inc.			32 31
Office Address:	1200 South Pine Island Road			~ -
	Plantation			
	(City)	· · · · · · · · · · · · · · · · · · ·	(Zip c	ode)

reaving been named as regimered agent and to accept service of process for the above statest institute itability company at the place designated in this application. I haveby accept the appointment as registers: 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.

Vice President and Assistant Secretary (Registered agent's signature)

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

Cedron Florida LLC, Authorized Member - 2875 N.E. 191st Street, Suite 20%. Aventure, Florida 33180

Gamla Florida LLC, Authorized Member - 2875 N.E. 191st Street, Suite 200, Aventura, Florida 33180

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)

Signature of an authorized person

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 a.817.155, F.S.

Paula De La Salas, Authorized Person



Kim Tadlock 8004323622

• •

- 16212% (1.200 - 1.000) - 16212% (1.200 - 1.000) (24/04) 05/04/2018 09180001470113

<u>Delaware</u>

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GAMLA-CEDRON FLAGLER 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 FOURTH DAY OF MAY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GAMLA-CEDRON FLAGLER LLC" WAS FORMED ON THE TWENTY-SIXTH NAY OF APRIL, A.D. 2018.

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

FILED 18 HAY -4 AN II: 32

:ن elan o p $\dot{\mathbf{r}}$ Authentication: 202638823 Date: 05-04-18

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SR# 20183369331

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