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WALK IN

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	PICK UP: <u>5/23</u>
X X X	CERTIFIED COPY PHOTOCOPY CUS Good Standing FILING FOY EGY
1.	TOVCHING 1186 LLC (CORPORATE NAME AND DOCUMENT #)
2.	(CORPORATE NAME AND DOCUMENT #)
3.	(CORPORATE NAME AND DOCUMENT #)
4.	(CORPORATE NAME AND DOCUMENT #)
5.	(CORPORATE NAME AND DOCUMENT #)
6.	(CORPORATE NAME AND DOCUMENT #)
SPECIA	L INSTRUCTIONS:

'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:

(lf n	ame unavailable, enter alternate r	name adopted for the purpose of transacting business in	Florida The	alternate name must include "Limited Lial	oility Company," "L.L.C." or	"LLC.")
2.1	Delaware		3	82-5047373		
	(Jurisdiction under the law of w	hich foreign limited liability company is organized)	J	(FE) numb	er, if applicable)	
1						
٠.		(Date first transacted business in Florida, if prio (See sections 605,0904 & 605,0905, F.S. to det	r to registratio	8.) (E-8.0am)		
_	230 S Cypress St STE			230 S Cypress St STE K		
5.	(Street Address of		6.	(Mailing Addr	ress)	 2
	Pompano Beach FL 33			Pompano Beach FL 33060	200	
		· · · · · · · · · · · · · · · · · · ·			-0	2018 MAY
					vi ži	23
٠	Name and street address	ss of Florida registered agent: (P.O. B	ox <u>NOT</u>	acceptable)	0.F.O.	
	Name:	James L. Weintraub				7
		1100 B 1 B 1 B 1 C :. 400		· 	L03	PK 4: 0
	Office Address:	1499 Palmetto Park Road, Suite 408			2	01
		Boca Raton		Florida _33486	₩.	
		(City)		(Zip code	:)	
		ions of all statutes relative to the props of my position as registered agent.			in this capacity. I full luties, and I am fam	
		s of my position as registered agent. James Weintraub	er and co	omplete performance of my o		
		s of my position as registered agent.	er and co	omplete performance of my o		
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ne	t accept the obligation. The name, title or capa	James Weintraub (Registered agent acity and address of the person(s) who	per and constraints signature) has/have \underline{T}	amplete performance of my of authority to manage is/are:	duties, and I am fam	iliar with
ne	The name, title or capa	James Weintraub (Registered agent. acity and address of the person(s) who Name and Address: TORCHING HOLDING L. 230 S Cypress St STE K	per and constraints signature) has/have \underline{T}	amplete performance of my of authority to manage is/are:	duties, and I am fam	iliar with
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Page 1



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

DELAWARE, DO HEREBY CERTIFY "TORCHING 1186 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 MAY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TORCHING 1186"
LLC" WAS FORMED ON THE FOURTEENTH DAY OF FEBRUARY, A.D. 2018.

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

and an analysis of the second second

Authentication: 202697596

Date: 05-15-18