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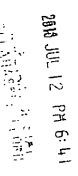
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(Document Number)
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JUL 20 2018

COVER LETTER

TO:

ro:	Registration Section Division of Corporations				
SUBJE	ARP SW 16TH STREET, LLC				
, C D3 L		of Limited Liability (Company		
The end Existen	closed "Application by Foreign Limited Liability Cornee, and check are submitted to register the above refe	mpany for Authoriza erenced foreign limi	ition to Tr ted liabilit	ansact Business in Florida," Cert y company to transact business in	ificate of 1 Florida
Please	return all correspondence concerning this matter to the	ne following:			
	SCOTT A FRANK, ESQ.				
		Name of Person			
	LAW OFFICES OF SCOTT A FRANK	C, PA			
		Firm/Company			
	3201 W. COMMERCIAL BOULEVAR	D SUITE 218			
		Address			
	FORT LAUDERDALE, FL 33309				
	City	/State and Zip Code	-		
	SFRANK@SAFLAW.COM				
	E-mail address: (to be us	sed for future annual	report no	etification)	
For fur	ther information concerning this matter, please call:				
	SCOTT A FRANK	561	826-54	400	
	Name of Contact Person	Area Code	Da	ytime Telephone Number	
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		Division Registra Clifton E 2661 Ex	T ADDRESS: of Corporations tion Section Building ecutive Center Circle see, FL 32301	
Enclose	ed is a check for the following amount: S125.00 Filing Fee S130.00 Filing Fee & Certificate of Status	S155.00 Filin Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Certific of Status & Certified Copy	cate

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

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

name unavailable, enter alternate i	ame adopted for the purpose of transacting b	ousiness in Florida. The al	ternate name must include "Limited	Liability Company," "L.E.C," or "LEC."
DELAWARE		3.	61-1892026	
(Jurisdiction under the law of w	hich foreign limited liability company is orga			number, if applicable)
	(Date first transacted business in Flori (See sections 605.0904 & 605.0905, I	ida, if prior to registration F.S. to determine penalty	.) liability)	<u> </u>
3113 W. TAMBAY A	· · ·		3113 W. TAMBAY AV	ENUE
(Street Address of		0.	(Mailing /	
TAMPA, FL 33611			TAMPA, FL 33611	
Name and street addre	ss of Florida registered agent: ((P.O. Box <u>NOT</u> a	ecceptable)	
Name:	LAW OFFICES OF SCOT	T A FRANK, PA		
Office Address:	3201 W COMMERCIAL BU	LVD, SUITE 218	<u> </u>	
	FORT LAUDERDALE		Florida 33309	
	Cit	W)	(Zip	code)
aving been named as re signated in this applica comply with the provis	stance: egistered agent and to accept so etion, I hereby accept the appo- ions of all statutes relative to to s of my position as registered of	ervice of process intment as registe the proper and co	ered agent and agree to a	ict in this capacity. I furthe
aving been named as resignated in this applicated in this application comply with the provis	egistered agent and to accept sation, I hereby accept the appo- tions of all statutes relative to to s of my position as registered of	ervice of process intment as registe the proper and co	ered agent and agree to a	ict in this capacity. I furthe
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aving been named as resignated in this application comply with the provising accept the obligation. The name, title or cap	egistered agent and to accept sation, I hereby accept the appo- tions of all statutes relative to to s of my position as registered of (Regional and address of the personal	service of process intment as registe the proper and con agent. stered agent's signature) (s) who has/have a	ered agent and agree to a mplete performance of n authority to manage is/are	act in this capacity. I further my duties, and I am familiar
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Taving been named as resignated in this applicate comply with the provising accept the obligation. The name, title or capacity: MGR Use attachments if necessarisdiction under the lawf the translator must be seen as a certificate or capacity in the translator must be seen as a certificate or capacity.	egistered agent and to accept sation. I hereby accept the appointment of all statutes relative to the soft my position as registered acity and address of the personal Name and Address AMPA. FL 33612 Ssary) cof existence, no more than 90 of which it is organized. (If the ubmitted)	days old, duly aute certificate is in a	authority to manage is/are tle or Capacity: thenticated by the official foreign language, a trans	Name and Address: Name and Address: Name and Address:
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Typed or printed name of signee

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Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "ARP SW 16TH STREET, 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 NINTH DAY OF JULY; A.D. 2018.

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

Authentication: 203025409

Date: 07-09-18