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| (Requestor's Name)                      | _ |
|---|---|
| (Address)                               |   |
| (Address)                               |   |
| (City/State/Zip/Phone #)                | _ |
| PICK-UP WAIT MAIL                       |   |
| (Business Entity Name)                  | _ |
| (Document Number)                       |   |
| Certified Copies Certificates of Status | _ |
| Special Instructions to Filing Officer: |   |
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| W18-69413 RA                            |   |

Office Use Only



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FILED SECRETARY OF STATE

K. SALY AUG -2 2018

### CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

| TransForma Realty, | LLC            |                                |
|--------------------|----------------|--------------------------------|
|                    |                |                                |
|                    |                |                                |
|                    |                |                                |
| <del>-</del>       |                |                                |
|                    |                | Art of Inc. File               |
|                    |                | LTD Partnership File           |
|                    |                | Foreign Corp. File             |
|                    |                | L.C. File                      |
|                    |                | Fictitious Name File           |
|                    |                | Trade/Service Mark             |
|                    |                | Merger File                    |
|                    |                | Art. of Amend. File            |
|                    |                | RA Resignation                 |
|                    |                | Dissolution / Withdrawal       |
|                    |                | Annual Report / Reinstatement  |
|                    |                | Cert. Copy                     |
|                    |                | Photo Copy                     |
|                    |                | Certificate of Good Standing   |
|                    |                | Certificate of Status          |
|                    |                | Certificate of Fictitious Name |
|                    |                | Corp Record Search             |
|                    |                | Officer Search                 |
|                    |                | Fictitious Search              |
| Signature          |                | Fictitious Owner Search        |
|                    |                | Vehicle Search                 |
|                    | - <del> </del> | Driving Record                 |
| Requested by: Seth | 07/31/18       | UCC 1 or 3 File                |
| Name               | Date Time      | UCC !! Search                  |
|                    |                | UCC I Retrieval                |
| Walk-In            | Will Pick Up   | Courier                        |



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

July 31, 2018

CAPITAL CONNECTION, INC.

SUBJECT: TRANSFORMA REALTY, LLC

Ref. Number: W18000069413

We have received your document for TRANSFORMA REALTY, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 318A00015690

www.sunbiz.org

#### COVER LETTER

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| ŤO:               |                               | ration Section<br>n of Corporation   | 15  |                                    |  |  |               |
|-------------------|-------------------------------|--|---|------------------------------------|--|--|---------------|
| SUBJI             |                               | ansForma Realt   | y, LLC  |                                    |  | ·  |               |
| JUD5.             |                               |  | Name of I   | imited Liability                   | Company  |  |               |
| The en<br>Exister | closed "A<br>nce, and c       | application by For<br>heck are submitte  | eign Limited Liability Comp<br>d to register the above refere                     | any for Authorizanced foreign limi | ation to Tra<br>ted liability                  | ansact Business in Florida," C<br>y company to transact busines                      | Certificate o |
| Please            | return ali                    | correspondence o   | concerning this matter to the   | following:                         |  |  | •             |
|                   |                               | Brian French   |   |                                    |  | ·  |               |
|                   |                               |  | Na  | ame of Person                      | _  |  |               |
|                   |                               | Trantalis & As   | sociates .  |                                    |  |  |               |
|                   |                               |  | Fi  | rm/Company                         |  |  |               |
|                   |                               | 2301 Wilton D  | rive, Ste. C1-A   |                                    |  |  |               |
|                   |                               |  |   | Address                            |  |  |               |
|                   |                               | Wilton Manors  | s, FL 33305   |                                    |  |  | •             |
|                   |                               |  | City/So   | tate and Zip Code                  | •  |  |               |
|                   |                               |  | E-mail address: (to be used   | for future annua                   | l report no                                    | tification)  |               |
| For fu            | ther infor                    | mation concernin   | g this matter, please call:   |                                    |  |  |               |
|                   | Brian I                       | French   | _   | 954<br>_ at (                      | 5 <del>6</del> 6-22                            | 226  |               |
|                   |                               | Name o   | of Contact Person   | Area Code                          | Day  | time Telephone Number  |               |
|                   | Divisio<br>Registr<br>P.O. Be | ING ADDRESS:<br>on of Corporations<br>ration Section<br>ox 6327<br>assec, FL 32314 |   |                                    | Division<br>Registrat<br>Clifton B<br>2661 Exc | r ADDRESS: of Corporations cion Section Building ecutive Center Circle see, FL 32301 |               |
| Enclos            |                               | eck for the follow<br>5.00 Filing Fee  | ving amount:  \$\Bigsirem\$ \$130.00 \text{ Filing Fee & Certificate of Status}\$ | ☐ \$155.00 Filit<br>Certified Copy | -  | ☐ \$160.00 Filing Fee, Cer<br>of Status & Certified Copy                             |               |

## 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:

| Delaware   3. 26-3600147   (FEI number, if applicable)   | Delaware  (Unitediction under the law of which foreign limited liability company is organized)  (Date first transacted business in Plorida, if prior to registration) (See sections 605 0904 & 603 0905, F.S. to determine penalty liability)  166 Coggeshall Ave (Street Address of Principal Office)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Office Address:  Office Address:  Office Address:  Office Address:  Office Address:  (City)  (C |  | sine adopted for the purpose of transacting busing   | ness in Florida. The alte   | mate name must include "Limite  | ed Liability Company," "L.L.C." or "LI,C.")  |
|--|--|--|--|---|---|--|
| (Introduction under the law of which foreign timited liability company is organized)  (Date first transacted business in Burida, If price to registration.) (See sections 605,0904 & 643,0905, F.S. to determine penalty liability)  166 Coggeshall Ave (Sueet Address of Principal Office)  Newport, RI 02840  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Office Address:  Office Address:  2301 Wilton Drive, Ste. C1-A  Wilton Manors  (City)  gistered agent's acceptance:  wing been named as registered agent and to accept service of process for the above stated limited liability company at the signated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I furth comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familia d accept the obligations of my position as registered agent.  (Registered agent's signature)  The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  Title or Capacity:  Name and Address:  | (Unitediction under the law of which foreign timited liability company is organized)  (Chie first transacted business in Borida, Mprior to registration) (See sections 605 0904 & 603,005, F.S. to determine penalty liability)  166 Coggeshall Ave (Street Address of Principal Office)  Newport, RI 02840  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Office Address:  Office Address:  Office Address:  Office Address:  (City)  (Registered agent and agree to act in this capacity. I Justice comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar d accept the obligations of my position as registered agent.  (Registered agent's agent's agent and address of the person(s) who has/have authority to manage is/are:  Title or Capacity:  Name and Address:  | Delaware   |  | •   |   |  |
| Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Office Address:  Offi | 166 Coggeshall Ave  (Steet Address of Principal Office)  Newport, RI 02840  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Office Address:  Office Address:  Office Address:  (City)   |  | nich foreign limited liability company is organiza   |   |   | number, if applicable)   |
| Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Office Address:  Offi | 166 Coggeshall Ave  (Steet Address of Principal Office)  Newport, RI 02840  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Office Address:  Office Address:  Office Address:  (City)   |  | •  |   |   |  |
| Same as principal office   (Mailing Address)   | 166 Coggeshall Ave (Succe Address of Principal Office)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Office Address:  2301 Wilton Drive, Ste. C1-A  Wilton Manors  (City)  (City code)  gistered agent's acceptance:  ving been named as registered agent and to accept service of process for the above stated limited liability company at the pignated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar accept the obligations of my position as registered agent.  (Registered agent)  The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  Title or Capacity:  Name and Address:  |  | (Date first transacted business in Florida,  | if prior to registration.)  | <del></del>   |  |
| Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Office Address:  Offi | Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Office Address:  Office Address:  Office Address:  Office Address:  Office Address:  City)  City  C | 400.0  | (See sections 605.0904 & 605.0905, F.S.  | to determine penalty lis  | sbility)  |  |
| Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Office Address:  Wilton Drive, Ste. C1-A  Wilton Manors  (City)  (City) | Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Office Address:  2301 Wilton Drive, Ste. C1-A  Wilton Manors  (City)  ( | • • •  | Principal Office   | 6. 2  |   | <u>`                                    </u>   |
| Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Office Address:  Office Address:  Wilton Drive, Ste. C1-A  Wilton Manors  (City)  (City | Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Office Address:  Office Address:  Wilton Manors  (City)  (City) | <del>-</del>   | incipal Cinco)   |   | , (Mailing  | Address) $\pm 5$   |
| Office Address:  Office Address:  Deam 5. Vanta is Florida 33305  Wilton Drive, Ste. C1-A  Wilton Manors  (City)  (Cit | Name:  Office Address:  Deam 5. Vantalis, F.  2301 Wilton Drive, Ste. C1-A  Wilton Manors  (City)  (Ci |  |  |   |   | <del>-                                    </del>   |
| Office Address:    Deam 5. Vanta is   State    | Office Address:  Office Address:  Dean 5. Vantalis, F.  2301 Wilton Drive, Ste. C1-A  Wilton Manors  (City)  ( |  |  | -   |   |  |
| Name:  Office Address:  Office Address:  Deam 5. Vanta is 4.  2301 Wilton Drive, Ste. C1-A  Wilton Manors  (City)  (Ci | Office Address:  Deam 5. Vantalis, F.  Office Address:    2301 Wilton Drive, Ste. C1-A   |  | P  |   |   | ひ 生  |
| Office Address:  2301 Wilton Drive, Ste. C1-A  Wilton Manors  (City)   | Office Address:    2301 Wilton Drive, Ste. C1-A  | Name and street addres   | s of Florida registered agent: (P.   | O. Box NOT ac   | cceptable)  |  |
| Wilton Manors  (City)  | Wilton Manors  (City)  | Name:  | Deam J. Wa   | untalis   | . Esg.  | 11.71<br>71.7  |
| Wilton Manors  (City)  | Wilton Manors  (City)  |  | 2301 Wilton Drive Ste C1 A   |   |   | 5  |
| clistered agent's acceptance:  ving been named as registered agent and to accept service of process for the above stated limited liability company at the ignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I furth omply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familial accept the obligations of my position as registered agent.  The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  Title or Capacity:  Name and Address:  Title or Capacity:  Name and Address:  Steve B. Callahan  666 Third Avenue   | cistered agent's acceptance:  ving been named as registered agent and to accept service of process for the above stated limited liability company at the pignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further omply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar accept the obligations of my position as registered agent.  The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  Title or Capacity:  Name and Address:  Title or Capacity:  Name and Address:  Name and Address:  Name and Address:  | Office Address:  | 2001 WIRON Drive, 316, C1-A  | ·   | <del></del> -   |  |
| clistered agent's acceptance:  Ving been named as registered agent and to accept service of process for the above stated limited liability company at the ignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I furth somply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familial accept the obligations of my position as registered agent.  The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  Title or Capacity:  Name and Address:  Title or Capacity:  Name and Address:  Steve B. Callahan  666 Third Avenue  | clistered agent's acceptance:  Ving been named as registered agent and to accept service of process for the above stated limited liability company at the pignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar accept the obligations of my position as registered agent.  The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  Title or Capacity:  Name and Address:  Title or Capacity:  Name and Address:  Name and Address:  Name and Address:  |  | Wilton Manors  |   | Florida 33305   | Ď,   |
| wing been named as registered agent and to accept service of process for the above stated limited liability company at the ignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I furth omply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familial accept the obligations of my position as registered agent.  The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  Title or Capacity:  Name and Address:  Title or Capacity:  Name and Address:  Steve B. Callahan  666 Third Avenue  | wing been named as registered agent and to accept service of process for the above stated limited liability company at the pignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further omply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar accept the obligations of my position as registered agent.  The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  Title or Capacity:  Name and Address:  Title or Capacity:  Name and Address:  Steve B. Callahan  666 Third Avenue   |  | ` .,   |   |   |  |
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| Title or Capacity: Name and Address: Title or Capacity: Name and Address:  Manager Steve B. Callahan  666 Third Avenue   | Title or Capacity: Name and Address: Title or Capacity: Name and Address:  Manager Steve B. Callahan  666 Third Avenue   | ving been named as re<br>ignated in this applica<br>omply with the provisi   | gistered agent and to accept serviton, I hereby accept the appoint<br>ions of all statutes relative to the   | tment as register<br>proper and com   | or the above stated lim<br>ed agent and agree to  | act in this canacity. I further  |
| 666 Third Avenue   | 666 Third Avenue   | ving been named as re<br>ignated in this applica<br>comply with the provisi  | gistered agent and to accept servition, I hereby accept the appoint ons of all statutes relative to the sofmy position as registered age   | tment as register<br>proper and com<br>ent.   | or the above stated lim<br>ed agent and agree to  | act in this canacity. I further  |
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| New York, NY 10017   | New York, NY 10017   | ving been named as resignated in this applicationally with the provised accept the obligation.  The name, title or capation of the capation of | gistered agent and to accept servition, I hereby accept the appoint ons of all statutes relative to the s of my position as registered age (Registered and address of the person(s)  | tment as register proper and coment.  If the design is signature)  who has/have at  | or the above stated limited agent and agree to aplete performance of the control | act in this capacity. I further<br>my duties, and I am familiar v  |
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| se attachments it necessary)   | se attachments it necessary)   | ving been named as reignated in this application omply with the provision accept the obligation.  The name, title or capatities or Capacity:  Manager  | gistered agent and to accept servition, I hereby accept the appoint ions of all statutes relative to the statutes of my position as registered agencity and address of the person(s)  Name and Address:  Steve B. Callahan  666 Third Avenue  New York, NY 1001  | tment as register proper and coment.  If agent's signature are the coment agent's signature are the coment agent's signature.       | or the above stated limited agent and agree to aplete performance of the control | act in this capacity. I further<br>my duties, and I am familiar v  |
| (Use attachments if necessary)   | (Use attachments if necessary)   | aving been named as resignated in this applicated in this applicated comply with the provision accept the obligation.  The name, title or capative:  | gistered agent and to accept sertion, I hereby accept the appoint ons of all statutes relative to the s of my position as registered age (Registered and address of the person(s)  Name and Address:  Steve B. Callahan  | tment as register proper and coment.  If the design is signature)  who has/have at  | or the above stated limited agent and agree to aplete performance of the control | act in this capacity. I furt my duties, and I am famili  action of the second s |
| Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records   |  | aving been named as resignated in this applicated in this applicated comply with the provision accept the obligation.  The name, title or capatitle or Capacity:  Manager  Use attachments if neces  Attached is a certificate   | gistered agent and to accept sertion, I hereby accept the appoint ons of all statutes relative to the staff of my position as registered agencity and address of the person(s)  Name and Address:  Steve B. Callahan  666 Third Avenue  New York. NY 1001  sary)  of existence, no more than 90 da   | tment as register proper and coment.  ed agent's signature)  who has/have at  Titl  7   | or the above stated limited agent and agree to applete performance of athority to manage is/as the or Capacity:   | act in this capacity. I further my duties, and I am familiar are:  Name and Address:   |
| isdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate und   | isdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under the translator must be submitted)   | wing been named as resignated in this applicate comply with the provision accept the obligation.  The name, title or capative manager  Manager  Jese attachments if necess Attached is a certificate is diction under the law  | gistered agent and to accept servition, I hereby accept the appoint ions of all statutes relative to the statutes of my position as registered agencity and address of the person(s)  Name and Address:  Steve B. Callahan  666 Third Avenue  New York, NY 1001  sary)  of existence, no more than 90 day of which it is organized. (If the co   | tment as register proper and coment.  ed agent's signature)  who has/have at  Titl  7   | or the above stated limited agent and agree to applete performance of athority to manage is/as the or Capacity:   | act in this capacity. I further my duties, and I am familiar are:  Name and Address:   |
| isdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate und the translator must be submitted)   | the translator must be submitted)  | wing been named as resignated in this applicate comply with the provision of accept the obligation.  The name, title or capate or Capacity:  Manager  Manager  Attached is a certificate isdiction under the law the translator must be so   | gistered agent and to accept servition, I hereby accept the appoint ions of all statutes relative to the statutes of my position as registered agencity and address of the person(s)  Name and Address:  Steve B. Callahan  666 Third Avenue  New York, NY 1001  sary)  of existence, no more than 90 day of which it is organized. (If the coubmitted)                                    | the ent as register proper and coment.  If the end agent's signature)  who has/have at Title  ys old, duly authertificate is in a f | or the above stated limited agent and agree to applete performance of athority to manage is/athority to manage is/atle or Capacity:   | act in this capacity. I further my duties, and I am familiar of the certificate under a slation of the certificate under   |
| isdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate und the translator must be submitted)   | the translator must be submitted)  This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information  | wing been named as resignated in this application.  The name, title or capatitle or Capacity:  Manager  Attached is a certificate is diction under the law the translator must be sufficient to see the comment is executed.   | gistered agent and to accept servition, I hereby accept the appoint ions of all statutes relative to the statutes of my position as registered agencity and address of the person(s)  Name and Address:  Steve B. Callahan  666 Third Avenue  New York, NY 1001  sary)  of existence, no more than 90 day of which it is organized. (If the coubmitted)  uted in accordance with section 6 | who has/have au  ys old, duly authertificate is in a f  | or the above stated limited agent and agree to applete performance of athority to manage is/athority to manage is/atle or Capacity:  The continued by the official coreign language, a transference or capacity.  | act in this capacity. I further my duties, and I am familiar of the certificate under aware that any false information   |
| 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records  |  | aving been named as resignated in this applicated in this applicated comply with the provision accept the obligation.  The name, title or capatitle or Capacity:  Manager  Use attachments if neces  Attached is a certificate   | gistered agent and to accept sertion, I hereby accept the appoint ons of all statutes relative to the staff of my position as registered agencity and address of the person(s)  Name and Address:  Steve B. Callahan  666 Third Avenue  New York. NY 1001  sary)  of existence, no more than 90 da   | tment as register proper and coment.  ed agent's signature)  who has/have at  Titl  7   | or the above stated limited agent and agree to applete performance of athority to manage is/as the or Capacity:   | act in this capacity. I furt my duties, and I am famili  re:  Name and Address:  |

Typed or printed name of signee

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

DELAWARE, DO HEREBY CERTIFY "TRANSFORMA REALTY 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 TWENTY-SIXTH DAY OF JULY, A.D. 2018.

FILED

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SECRELARY OF STATE
SECRELARY OF STATE

4605787 8300 SR# 20185863051 Authentication: 203139556

Date: 07-26-18