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CT Corp.

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Date: 8/8/2018

	Acc#120160000072
Name:	30 Lane Avenue, LLC
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COVER LETTER

TO:	Registration Section Division of Corporati	ons			
SUBJE	ст: <u>30 Lane А</u>	Avenue, LLC	Limited Liability		
		Name of	Limited Liability	Соправу	
The end Existen	closed "Application by F	oreign Limited Liability Com ted to register the above refer	pany for Authoriz enced foreign limi	ation to Transact Business in Florida, ited liability company to transact busin	Certificate of ness in Florida.
Please	return all correspondence	concerning this matter to the	e following:		
	Stuart M. Lec	:			
		^	lame of Person		
	Rogers Town	send & Thomas, PC			
		F	інп/Соправу		
	1221 Main St	reet, 14th Floor			
			Address		
	Columbia, So	uth Carolina 29201			
		City/S	State and Zip Code		
	slee@rtt-law.co				
		E-mail address; (to be use	d for future annual	report notification)	
For furt	her information concerni	ng this matter, please call:			
	Stuart M. Lee		803 at (744-1822	
	Name	of Contact Person	Area Code	Daytime Telephone Number	
	MAILING ADDRESS Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314			STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
Enclose	d is a check for the follow □ \$125.00 Filing Fee	wing amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filie Certified Conv	ng Fee & S160.00 Filing Fee, Ce of Status & Certified Cor	ertificate

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

South Carolina Unividetion under the law of w N/A 2005 Wheat Street (Street Address of t	(Date first transacted business in Florida, if pr (See sections 605,0904 & 605,0905, F.S. to d	in Florida. The alternate name must include "Limited Liability Company," "L.L.C. 3. (FEI number, of applicable)	
Ourisdiction under the lass of w	(Date first transacted business in Florida, if pr	(FEI number, if applicable)	
2005 Wheat Street (Street Address of t			
2005 Wheat Street (Street Address of t			
(Street Address of I	(See sections 605,0904 & 605 0905, F.S. to d		
(Street Address of I		_	
•	rincinal Office	6. 2005 Wheat Street (Mailing Address)	
Columbia, South Carol	•	Columbia, South Carolina 29205 —	· 6
			2 2
		T.	(2)
Name and street addres	s of Florida registered agent; (P.O.	Box NOT acceptable)	Company Company
	CT Corporation System	<u></u>	84
Name:			
Office Address:	1200 South Pine Island Roa	d	65
	Plantation	33324	
	(City)	, Florida	1
comply with the provisi	ion, I hereby accept the appointme. ons of all statutes velative to the pro of My position as registered agent.	of process for the above stated limited liability company at as registered agent and agree to act in this capacity. per and complete performance of my duties, and I am forward william Bleier, Assistant Secretary	I further
comply with the provising accept the obligations The name, title or capa	ion, I hereby accept the appointments of all statutes relative to the proof of the position as registered agent. (Registered agent) (Registered agent)	nt as registered ugent and agree to act in this capacity. per and complete performance of my duties, and I am f William Bleier, Assistant Secretary chark signature) has/have authority to manage is/arc:	I further amiliar n
comply with the provisi ad accept the obligations	ion, I hereby accept the appointme ons of all statutes velative to the pro of My position as registered agent. (Registered ag	nt as registered ugent and agree to act in this capacity. per and complete performance of my duties, and I am f William Bleier, Assistant Secretary	I further amiliar n
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comply with the provisi d accept the obligations The name, title or capa <u>Title or Capacity:</u>	ion, I hereby accept the appointments of all statutes relative to the proof of the position as registered agent. (Registered agent) (Registered agent) (Registered agent) (All parts and Address:	nt as registered agent and agree to act in this capacity. per and complete performance of my duties, and I am f William Bleier, Assistant Secretary chis(supature) chas/have authority to manage is/are: Title or Capacity: Name and Add Member	I further amiliar n
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Typed or printed name of signer

The State of South Carolina



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Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina, Hereby Certify that:

30 Lane Avenue, LLC, a limited liability company duly organized under the laws of the State of South Carolina on July 12th, 2018, with a duration that is until December 31st, 2033, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. 33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 31st day of July, 2018.

Mark Hammond, Secretary of State