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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : 120160000017 Phone : (855)498-5500 Fax Number : (800) 432-3622

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please

Email Address:

Foreign Limited Liability Company ATLANTIC AVENUE PROPERTIES LLC

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## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: ATLANTIC AVENUE PROPERTIES	SLLC
Name of I	Limited Liability Company
	nany for Authorization to Transact Business in Florida," Certificate conced foreign limited liability company to transact business in Florid
Please return all correspondence concerning this matter to the	following:
George Zweifler	
Na	ame of Person
Capitol Services - Corporate Filing	gs Team
Fi	rm/Company
515 East Park Avenue 2nd Fl	
	Address
Tallahassee FL 32301	
City/S	tate and Zip Code
george@palmbeach4rent.com	
E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, please call;	
	at (855) 498-5500
Name of Contact Person	Area Code Daytime Telephone Number
MAILING ADDRESS: Division of Corporations 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
Enclosed is a check for the following amount:  \$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate Certified Copy of Status & Certified Copy

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

IN COMPILANCE WITH SECTION (05.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

name unavallable, enter siteraate n	ame adopted for the purpose of transacting business in Florid	a The alternate name must include "Limited Liability Cor	npeny," "L.L.C," or "LLC.")
Delaware		3	
(Jurisdiction under the law of w	nich foreign limited liability company is organized)	(PEI number, if app	olicable)
08/13/2018			76
	(Date first transacted business in Florida, if prior to reg (See sections 005,0904 & 605,0905, P.S. to determine	privation.) privatey kability)	三 连锁
1102 N Atlantic D	r	6. 1102 N Atlantic Dr	
Lantana , FL 33		Lantana , FL 33462	铁铁 一
			PH 12: 31
Name and street address	s of Florida registered agent: (P.O. Box 2	NOT_acceptable)	<b>5</b> .5
Name:	Michael Hilghman		15 E
0.00 1.1.1	1102 N Atlantic Dr		-
Office Address:			
	Lantana	, Florida 33462	
sving been named as re signated in this applica comply with the provisi	(City)	(Lip code)  ocess for the above stated limited liabli registered agent and agree to act in this	capacity. I further ag.
aving been named as resignated in this applica compty with the provisi d accept the obligation.  The name, title or capt Title or Capacity:	tance: gistered agent and to accept service of proton, I hereby accept the appointment as a soft my position as registered agent.  (Registered Gar's agent)  (Registered Gar's agent)  (Registered Gar's agent)  (Registered Gar's agent)	(Lip code)  ocess for the above stated limited liabili registered agent and agree to act in this and complete performance of my duties, passure)  have authority to manage is/are:	capacity. I further ag.
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Esignated in this applicated comply with the provision accept the obligation.  The name, title or capatities or Capacity:  MGR  Use attachments if neces  Attached is a certificate risdiction under the law the translator must be so. This document is exected.	city and address of the person(s) who has been all standards of the person of the same and address:  George Zweifler  360 S Market St Apt 409  San Jose, Ca. 95113  Michael Hilghman  1102 N Atlantic Dr  Lantana, FL 33462  of existence, no more than 90 days old, drof which it is organized. (If the certificate about the proper as a soft of the person of	(Lip code)  ocess for the above stated limited liability registered agent and agree to act in this and complete performance of my duties, where the state of the	me and Address:  mustody of records in the the certificate under out any false information

## Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "ATLANTIC AVENUE PROPERTIES 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 THIRTEENTH DAY OF AUGUST, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ATLANTIC AVENUE PROPERTIES LLC" WAS FORMED ON THE NINTH DAY OF AUGUST, A.D. 2018.

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

7010495 8300 SR# 20186145361

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

Authentication: 203237706

Date: 08-13-18