

M 1800008609

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

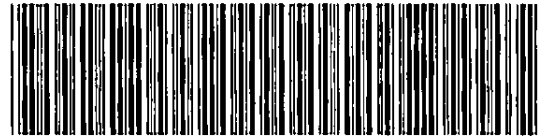
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
2018 SEP 19 PM 2:00  
STATE OF FLORIDA  
TALLAHASSEE

D. BRUCE  
SEP 19 2018



**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*

1. 760 NW 9TH STREET, LLC  
(Name of Foreign Limited Liability Company must include "Limited Liability Company," "L.L.C.," or "LLC.")

760 NW 9TH STREET-FL, LLC  
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.")

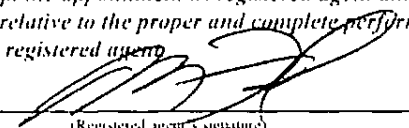
2. DELAWARE 3. 32-0563384  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 12/6/17  
(Date first transacted business in Florida, if prior to registration) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability.)

5. 900 NW 6TH STREET, SUITE 201 6. 900 NW 6TH STREET, SUITE 201  
(Street Address of Principal Office) (Mailing Address)  
FORT LAUDERDALE, FL 33311 FORT LAUDERDALE, FL 33311

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  
 Name: MICHAEL S. FOELSTER, ATTORNEY AT LAW  
 Office Address: 400 SOUTH DIXIE HIGHWAY, SUITE 420  
BOCA RATON, Florida 33432  
(City) (Zip code)

**FILED**  
 2018 SEP 19 PM 2:00  
 DEPARTMENT OF STATE  
 TALLAHASSEE FLORIDA

Registered agent's acceptance:  
*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*  
  
(Registered agent's signature)

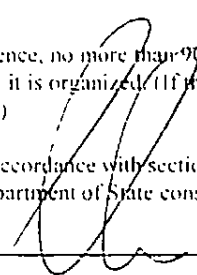
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>MANAGING MBR</u>	<u>EYAL PERETZ</u> <u>900 NW 6TH ST., SUITE 201</u> <u>FT LAUDERDALE, FL 33311</u>		

(Use attachments if necessary)

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

  
Signature of an authorized person

EYAL PERETZ  
Typed or printed name of signee

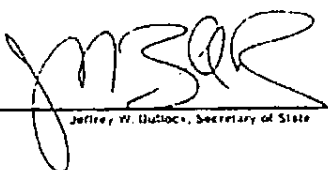
# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "760 NW 9TH 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 EIGHTEENTH DAY OF SEPTEMBER, A.D. 2018.



  
Jeffrey W. Bullock, Secretary of State

6649196 8300

SR# 20186615746

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 203440854

Date: 09-18-18