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COVER LETTER

TO: Registration Section

Div	ision of Corporatio	ns						
SUBJECT:	NORTON FAMILY	PROPERTIES & INVES	TMENTS LLC					
SUBJECT.		Name of	Limited Liability C	Company		··-		
		reign Limited Liability Com ed to register the above refer						
Please return	all correspondence	concerning this matter to the	following:					
	MAX ADAMS							
		N	ame of Person					
	THE MEDI LA	W FIR M						
		F	irm/Company					
	2151 S LEJE	UNE ROAD SUITE 306						
			Address					
	CORAL GAB	LES, FL, 33134				三 公	2018	
		City/S	tate and Zip Code			는 작림:	SEP	
	INFO@THEME	EDILAWFIRM.COM				\$25 \$25 \$35 \$35 \$35 \$35 \$35 \$35 \$35 \$35 \$35 \$3	բ շկ	Carran Carran
		E-mail address: (to be use	d for future annual	report not	tification)	- 111	줖	1
For further in	nformation concernir	g this matter, please call:				FL 0311	ά Τ	-
MA	X ADAMS		305 at (444-34	84	XOX English	26	
	Name o	of Contact Person	Area Code	Day	time Telephone Num	iber		
Div Reg P.O	ision of Corporations gistration Section Box 6327 lahassee, FL 32314			Division Registrati Clifton B 2661 Exe	of Corporations ion Section uilding cutive Center Circle see, FL 32301			
	a check for the follow 6125.00 Filing Fee	ving amount: \$\int \\$130.00 \text{ Filing Fee & Certificate of Status}	□ \$155.00 Filin Certified Copy	g Fee &	□ \$160.00 Filing F of Status & Certific		ificate	

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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Use attachments if necessary)		ROPERTIES & INVESTMENTS LLC Limited Liability Company; must include "Limited Liability Company"; must include "Limited Limited Liability Company"; must include "Limited Liability Company"; must include "Liability Company"; must in	d Liability Company," "L.L.C.," or "LLC.")	
Comparison of which foreign lumned lability company is organized) CPE number, if applicables		name adopted for the purpose of transacting business in Flor	rida The alternate name must include "Limited Lia	bility Company," "LLC," or "LLC.")
(City) (Core products in Principal Office) (Core sections 601,0004 & 603,0003, F.S. to determine penalty liability) (Street Address of Principal Office) (Street Address) SUITE 200 BOCA RATON, FL, 33431 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: THE LAW OFFICES OF MAX A ADAMS ESQ PLLC. Office Address: 2151 S LEJEUNE ROAD SUITE 306 CORA GABLES (City) Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company address to comply with the provisions of all statutes relative to the proper and complete performance of my duttics, and I give familiar with and accept the obligations of my position as registered agent. (Registered agent spanner) 8. 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: MGR ROBERT NORTON STO GLADES ROAD STUTE 2-CO POCO ROTON, FL. 3393		hich foreign limited liability company is organized)	(FEI num)	per, if applicable)
(City) (Core products in Principal Office) (Core sections 601,0004 & 603,0003, F.S. to determine penalty liability) (Street Address of Principal Office) (Street Address) SUITE 200 BOCA RATON, FL, 33431 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: THE LAW OFFICES OF MAX A ADAMS ESQ PLLC. Office Address: 2151 S LEJEUNE ROAD SUITE 306 CORA GABLES (City) Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company address to comply with the provisions of all statutes relative to the proper and complete performance of my duttics, and I give familiar with and accept the obligations of my position as registered agent. (Registered agent spanner) 8. 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: MGR ROBERT NORTON STO GLADES ROAD STUTE 2-CO POCO ROTON, FL. 3393	. SEPTEMBER 20 20	018		
5. 670 GLADES ROAD (Street Address of Principal Office) SUITE 200 BOCA RATON, FL, 33431 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: THE LAW OFFICES OF MAX A ADAMS ESQ PLLC. Office Address: CORA GABLES CORA GABLES (Cory) Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company and estimated to comply with the provisions of all statutes relative to the proper and complete performance of my dutics, and I sim familiar with and accept the obligations of my position as registered agent (Registered agent) 8. 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: MGR ROBERT NORTON 670 GLADES ROAD (Use attachments if necessary)	4.	(Date first transacted business in Florida, if prior to	registration.)	
SultE 200 SultE 200 BOCA RATON, FL, 33431 BOCA RATON, FL, 33431	670 GLADES ROAL	•	•	
BOCA RATON, FL, 33431 BOCA RATON, FL, 33431 BOCA RATON, FL, 33431 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: THE LAW OFFICES OF MAX A ADAMS ESQ PLAC. Office Address: 2151 S LEJEUNE ROAD SUITE 306 CORA GABLES (City) Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company acceptate 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 and agree to act in this capacity: I further as 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 and agree to act in this capacity: I further as to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent. (Registered agent and agree to act in this capacity: I further as to complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent. (Registered agent and agree to act in this capacity: I further as to complete performance of my duties, and I am familiar with an accept the obligations. (Registered agent and agree to act in this capacity: I further as to complete performance of my duties, and I am familiar with a complete performance of my duties. (Registered agent and agree to act in this capacity: I further as to complete performance of my duties, and I am familiar with a complete performance of my duties. (Registered agent and agree to act in this capacity: I further as to complete performance of my duties, and I am familiar with a complete performance of my duties. (Registered agent and agree to act in this capacity: I further	(Street Address of Principal Office)			ress)
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: THE LAW OFFICES OF MAX A ADAMS ESQ PLLC. Office Address: 2151 S LEJEUNE ROAD SUITE 306 CORA GABLES (City) Registered agent's acceptance: (City) Registered agent and to accept service of process for the above stated limited liability company at the plaid designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity: I further age 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 beauter) 8. 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: MGR ROBERT NORTON 670 GLADES ROAD STOURD, FC 3393) (Use attachments if necessary)				
Name: Office Address: CORA GABLES CORA GABLES (City) (Cit	BOCA RATON, FL,	OCA RATON, FL, 33431 BC		<u> </u>
Office Address: 2151 S LEJEUNE ROAD SUITE 306 CORA GABLES (City) (City) (City) (City) (Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company active plant designated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity: I further age 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 bignance) 8. 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: MGR ROBERT NORTON 670 GLADES ROAD STOTE 2000 670 GLADES ROAD STOTE 2000 REGISTER ROAD STOTE ACCORDING TO ST				2018
CORA GABLES CORA GABLES (City) 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 plant designated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity: I further as 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 and accept the obligations of my position as registered agent and accept the obligations of my position as registered agent and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent and accept the obligations of my position as registered agent. Some and Address: Title or Capacity: Name and Address: MGR ROBERT NORTON 670 GLADES ROAD STUTE 200 ROCA RATON, FOR STUTE 200 ROCA RATON, FOR STUTE 200 (Use attachments if necessary)		2151 STEJEUNE ROAD SUITE 30	 06	
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 plant designated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity: I fuller as 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 bignanus) 8. 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: MGR ROBERT NORTON 670 GLADES ROAD 70 GLADES ROAD 71 To 1001, To 1001 REGISTROAD (Use attachments if necessary)	Office Address:			P 21
Having been named as registered agent and to accept service of process for the above stated limited liability company at the plain designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity: I further age 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 begantered				de)
Title or Capacity: MGR ROBERT NORTON 670 GLADES ROAD STULL 200 POCO 12 or ton, Fu 334 3) (Use attachments if necessary)		ns of my position as registered agent	////	
Title or Capacity: MGR ROBERT NORTON 670 GLADES ROAD STUIT 200 POR 12 artign, Fc 3343) (Use attachments if necessary)			0 1 2 4	
670 GLADES ROAD STET 200 POR Ration, FC 3343) (Use attachments if necessary)	-			Name and Address:
670 GLADES ROAD STELL 200 ROCA Ration, FC (Use attachments if necessary)	MGR	ROBERT NORTON	MGR	ELISSA NORTON
		670 GLADES ROAD STELL :	Zco	670 GLADES ROAD STE #200
			_	
and the second of the second o			<u>-</u>	
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 oa of the translator must be submitted)	(Use attachments if nece			
10. This document is executed in accordance with section 605.0202 (1) (0). Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitution a third degree felony as provided for in s.817.155, F.S.	9. Attached is a certificat jurisdiction under the law	ssary) e of existence, no more than 90 days old, of which it is organized. (If the certifical	duly authenticated by the official h	aving custody of records in the tion of the certificate under oath
Fromsture of an authorized person	9. Attached is a certificat jurisdiction under the law of the translator must be	ssary) e of existence, no more than 90 days old, of which it is organized. (If the certifical submitted) cuted in accordance with section 605.020	ne is in a foreign language, a transla	tion of the certificate under oath

Typed or printed name of signee

ROBERT NORTON

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "NORTON FAMILY PROPERTIES & INVESTMENTS

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 SEPTEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID "NORTON FAMILY PROPERTIES & INVESTMENTS LLC" IS A SERIES LIMITED LIABILITY COMPANY.

at coro.delaware.gov/aut

Authentication: 203412675

Date: 09-13-18