number (shown below) on the top and bottom of all pages of the document. (((H180002807253))) HIB0002807253ABCO Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet. To: Division of Corporations Fax Number : (850) 617-6383	
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From: Account Name : DELANEY CORPORATE SERVICES Account Number : 120140000112 Phone : (800)717-2810 Fax Number : (518)465-7883	
Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.	e
Email Address:Effectelaneycorporate com	18
	SEP T
Foreign Limited Liability Company	26
Buy Hold Flip LLC	PHI
Certificate of Status 0 Certified Copy 1	12:10
	PHI2: 10

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

IN COMPLANCE WITT SECTION 605 0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REDISTER A FOREGIN THMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

L. Buy Hold Flip LLC

(Neine of Pereign Lamited Landeliny Company; must reclude "Lamited Lability Company," "L.L.C.," or "L.L.C.")

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	(Dote Tirst transmitted feeshaces in Ploride, If prior to regis (Sup sections 675,0004 & e03 9903, P.S. so instamine p	(nuon.) cally lisistity)		
282 S. 5th St		6, 282 S. 5th St		
(Servid Advinue of P Apt 7C	uncipal ()filee)	Apt 7C	(Mailing Addross)	141 15 8 8 8
Brooklyn, NY 11211		Brooklyn, N	Y 11211	P Street
Neme and <u>alreet addres</u> Name:	s of Florids registered agent: (P.O. Box N NRAI Services, Inc.	<u>OT</u> acceptable)		6 THE
Office Address:	1200 South Pine Island Road			ST.

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited Rability company at the place designated in this application, I hereby accept the appaintment 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.

Malles NRA] Services, Inc., By: our (Itugetured au

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

Tille or Canacity:	Name and Address:	Tille or Canasity:	Name and Address:
Manager	Luis Antunano 282 S. 5th St. Apt 70 Brooklyn, NY 11211		

(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 onth 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.

7
Signoture of an authorized person

Luix Antunano

Typed as pristed name of these

State of New York Department of State } ss:

I hereby certify, that BUY HOLD FLIP LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 05/22/2018, and that the Limited Liability Company is existing so far as shown by the records of the Department.



Witness my hand and the official seal of the Department of State at the City of Albany, this 25th day of September two thousand and eighteen.

Brendan W. Fitzgerald Executive Deputy Secretary of State



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