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Registration Section

TO:

Div	ision of Corporation	15				
SUBJECT:		ARTMENT HOLDINGS, LI	.c			
		Name of I	Limited Liability Com	pany		
					siness in Florida," Certificate of y to transact business in Florida.	
Please return	all correspondence o	oncerning this matter to the	following:			
	PHILIP C. RO	SEN, ESQ.				
		N	ime of Person			
	BECKER & POLIAKOFF, P.A.					
		Fi	гтв/Сотрапу			
	I EAST BROWARD BOULEVARD, SUITE 1800					
			Address			
	FORT LAUDE	RDALE, FLORIDA 33301				
	<u></u>	City/S	tate and Zip Code			
	PROSEN@BEC	KERLAWYERS.COM				
		E-mail address: (to be used	for future annual rep	ort notification)	<u> </u>	
For further in	nformation concernin	g this matter, please call:				
PH	ILIP C. ROSEN		954 3 at ()	364-6026		
	Name o	f Contact Person	Area Code	Daytime Tele	phone Number	
Div Reg P.O	ILING ADDRESS: rision of Corporations gistration Section b. Box 6327 lahassee, FL 32314		Di Re Cli	REET ADDRE vision of Corpor gistration Section ifton Building 61 Executive Ce	rations on	
			Та	ilahassee, FL 32	301	
	a check for the follow 3125.00 Filing Fee	ing amount: \$\Boxed{\Omega}\$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing For Certified Copy		0.00 Filing Fee, Certificate as & Certified Copy	

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:

			
	ame adopted for the purpose of transacting business in Florid	a. The alternate name must include "Limited Liability Compan	y," "L.L.C." or "LL.C.")
DELAWARE	nch foreign limited hability company is organized)	3. 83-1979053 (FEI number, if applicat	biel
Considering along the ma of the	nen mengin manera aarrang vorriginag in organizoog	(, Et tamost, ii spyrion	
	(Date first immsacted business in Florida, if prior to rej	interior \	
	(See sections 605.0904 & 605.0905, F.S. to determine	pecatry liability)	
1720 HARRISON STREET (Street Address of Principal Office)		6. (SAME AS STREET ADDRESS) (Mosiling Address)	
UNIT 17A	тистра Опкс)	(Maning Address)	- F. C
HOLLYWOOD, FL 33	3020		
110221 110001,123.		· · · · · · · · · · · · · · · · · · ·	
Name and street address	s of Florida registered agent: (P.O. Box)	NOT acceptable)	
Traine and Street addies		101 acceptance)	1,11
Name:	BECKER & POLIAKOFF, P.A.		
Office Address:	I EAST BROWARD BLVD., SUITE I	300	92
	FORT LAUDERDALE		Ţ,
	(City)	, Florida 33301 (Zip code)	
pg			
		rnature)	
	(Registered agem's sig		
. The name, title or caps	(Registered agent's signification and address of the person(s) who has	have authority to manage is/are:	and Address:
. The name, title or caps Title or Capacity:	(Registered agent's signature and address of the person(s) who has Name and Address:	Thave authority to manage is/are: Title or Capacity: Name	and Address:
The name, title or caps	(Registered agen's signature) and address of the person(s) who has Name and Address: COASTLINE MANAGEMENT	Thave authority to manage is/are: Title or Capacity: Name	and Address:
The name, title or caps Title or Capacity:	(Registered agent's signature and address of the person(s) who has Name and Address:	Thave authority to manage is/are: Title or Capacity: Name	and Address:
The name, title or caps Title or Capacity:	(Registered agen's signerity and address of the person(s) who has Name and Address: COASTLINE MANAGEMENT 1720 HARRISON ST., UNIT 17A	Thave authority to manage is/are: Title or Capacity: Name	and Address:
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Title or Capacity:	(Registered agen's signature and address of the person(s) who has Name and Address: COASTLINE MANAGEMENT 1720 HARRISON ST., UNIT 17A HOLLYWOOD, FL 33020	Thave authority to manage is/are: Title or Capacity: Name	and Address:
The name, title or capa Title or Capacity: MGR	(Registered agen's signerity and address of the person(s) who has Name and Address: COASTLINE MANAGEMENT 1720 HARRISON ST., UNIT 17A HOLLYWOOD, FL 33020	/have authority to manage is/are: Title or Capacity: GROUP, LLC	
The name, title or capa Title or Capacity: MGR Jsc attachments if neces Attached is a certificate	(Registered agen's signature and address of the person(s) who has Name and Address: COASTLINE MANAGEMENT 1720 HARRISON ST., UNIT 17A HOLLYWOOD, FL 33020 sary) of existence, no more than 90 days old, d	Thave authority to manage is/are: Title or Capacity: OROUP, LLC	ody of records in
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Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "PARK PLAZA APARTMENT HOLDINGS, 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

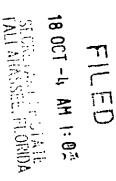
OFFICE SHOW, AS OF THE THIRD DAY OF OCTOBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PARK PLAZA

APARTMENT HOLDINGS, LLC" WAS FORMED ON THE FIFTH DAY OF SEPTEMBER,

A.D. 2018.

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



Authentication: 203544600

Date: 10-03-18

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