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Florida Department of State
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To: Division of Corporations
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STATE OF FLORIDA
TALLAHASSEE, FLORIDA
18 OCT 12 AM 7:40
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: lplotkin@crescentheights.com

Foreign Limited Liability Company
2930 NE 2ND, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

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K. SALY
OCT 16 2018

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

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. 2930 NE 2nd, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC")

(If name is available, 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 (Jurisdiction under the law of which foreign limited liability company is organized) 3. (Filing number, if applicable)

4. upon filing (Date first transacted business in Florida, if prior to registration) (See sections 605.004 & 605.005, F.S. to determine penalty liability)

5. 2200 Biscayne Blvd. (Street Address of Principal Office) Miami, FL 33137

6. 2200 Biscayne Blvd. (Mailing Address) Miami, FL 33137

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7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Lowell Plotkin Office Address: 2200 Biscayne Blvd Miami Florida 33137

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.

By: (Registered agent's signature)

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

Table with 4 columns: Title or Capacity, Name and Address, Title or Capacity, Name and Address. Rows include Sonny Kain, Bruce Menin, and Russell W. Galbut.

(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 Lowell Plotkin, Esq., Authorized Representative

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "2930 NE 2ND, 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 ELEVENTH DAY OF OCTOBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "2930 NE 2ND, LLC" WAS FORMED ON THE TENTH DAY OF OCTOBER, A.D. 2018.

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

18 OCT 12 AM 7:40
TALLAHASSEE, FLORIDA



Jeffrey W. Bullock
Jeffrey W. Bullock, Secretary of State

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SR# 20187097254

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

Authentication: 203593381

Date: 10-11-18