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| (Re                     | questor's Name)    | •            |
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| (Cit                    | ry/State/Zip/Phone | e #)         |
| PICK-UP                 | ☐ WAIT             | MAIL         |
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| Certified Copies        | _ Certificates     | of Status    |
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Office Use Only



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JD-89-18

#### COVER LETTER

Registration Section Division of Corporations

TO:

| IM<br>SUBJECT:   | IMOBILIEN LLC                         |   |                                    |             |  |  |
|--|---------------------------------------|---|------------------------------------|-------------|--|--|
|  |                                       | Name of I   | imited Liability C                 | Company     |  |  |
|  |                                       | eign Limited Liability Comp<br>I to register the above refere   |                                    |             |  |  |
| Please return all  | correspondence c                      | oncerning this matter to the  | following:                         |             |  |  |
|  | NICK D GARC                           | IA  |                                    |             |  |  |
|  |                                       | Na  | me of Person                       |             |  |  |
|  | IMMOBILIEN                            | LLC   |                                    |             |  |  |
|  | Firm/Company                          |   |                                    |             |  |  |
|  | 9480 NORTH EAST 2ND AVE SUITE 99      |   |                                    |             |  |  |
|  |                                       |   | Address                            | <del></del> |  |  |
|  | MIAMI SHORI                           | ES , FLORIDA 33138  |                                    |             |  |  |
|  |                                       | City/St   | ate and Zip Code                   |             |  |  |
|  | gnd2@msn.com                          |   |                                    |             |  |  |
|  |                                       | E-mail address: (to be used   | for future annual                  | report not  | ification)   |  |
| For further infor  | rmation concerning                    | g this matter, please call:   |                                    |             |  |  |
| NICK   | D GARCIA                              |   | 720<br>at (                        | 297-533     | 38   |  |
|  | Name o                                | f Contact Person  | Area Code                          | Day         | time Telephone Number                                  |  |
| MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 |                                       | STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 |                                    |             |  |  |
|  | eck for the follow<br>5.00 Filing Fee | ing amount:  ☐ \$130.00 Filing Fee &  Certificate of Status   | ☐ \$155.00 Filir<br>Certified Copy | ng Fee &    | ■ \$160.00 Filing Fee, Co<br>of Status & Certified Cop |  |

## 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. IMMOBILIEN LLC                    | gn Limited Liability Company; must include "Lin   | nited Liability Company ""L. C. " or "ELC           | <u>"1</u>                              |
|--------------------------------------|---|---|--|
| (Name of Forei                       | gr mines sizonity company, must include and   | into Daviny Company, Lizzon, or Ezc.                | . ,                                    |
| If name unavailable, enter alternat  | e name adopted for the purpose of transacting business in   | Florida. The alternate name must include "Limited I | iability Company," "L.L.C," or "LLC.") |
| 2. STATE OF COLORA                   | ADO   | 3.  |  |
| (Jurisdiction under the law of       | which foreign limited liability company is organized)   | (FEI mu   | miber, if applicable)                  |
| 4. JULY 5TH 2018                     |   |   |  |
|                                      | (Date first transacted business in Florida, if prio<br>(See sections 605.0904 & 605.0905, F.S. to det | r to registration.)<br>ermine penalty liability)    |  |
| <sub>5.</sub> 2612 S LINCOLN S       |   | 6. 9480 NORTH EAST 2N                               | D AVE SUITE 99                         |
| (Street Address of Principal Office) |   | (Mailing A  | -                                      |
| DENVER, COLORA                       | ADO 80204   | MIAMI SHORES, FLOR                                  | MDA 33138                              |
| 7. Name and street add               | ress of Florida registered agent: (P.O. E   | Box NOT acceptable)                                 |  |
| Name:                                | NICK D GARCIA   |   | SE SE                                  |
| Office Address                       | : 7602 NW 2ND CT  |   | OCT TO SERVE                           |
|                                      | MIAMI   | , Florida 33150                                     | 碧水                                     |
| Registered agent's acc               | (City)  | (Zip o  | code)                                  |
|                                      | ons of my position as registered agent. (Registered age   | Sum   |  |
| 8. The name, title or ca             | apacity 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:                      |
| Partner                              | NICK D GARCIA   | Padrer  | RUTH P SANCHEZ                         |
|                                      | 7602 NW 2ND CT  | <del></del>   | 2612 S Lincoln                         |
|                                      | Miami, FL 33150   | <u> </u>  | Denver,CO 80210                        |
|                                      |   | <u> </u>  | -                                      |
| (Use attachments if nec              | eessary)  | <del></del>   |  |
| 9. Attached is a certifica           | ate of existence, no more than 90 days o<br>w of which it is organized. (If the certifi               |   |  |
|                                      | ecuted in accordance with section 605.0 t to the Department of State constitutes a                    |   |  |
|                                      | Signe   | sture of an authorized person                       |  |
|                                      | Nick D Garcia   |   |  |
|                                      | Тур   | ed or printed name of signee                        |  |

## OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

#### CERTIFICATE OF FACT OF GOOD STANDING

I, Wayne W. Williams, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

Immobilien LLC

is a

#### Limited Liability Company

formed or registered on 07/05/2013 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20131394268.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 10/03/2018 that have been posted, and by documents delivered to this office electronically through 10/04/2018 @ 13:38:07.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 10/04/2018 @ 13:38:07 in accordance with applicable law. This certificate is assigned Confirmation Number 11154115 .



Hogge N. Williams

Secretary of State of the State of Colorado

\*\*\*\*End of Certificate\*

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, http://www.sos.state.co.us/biz/CertificateSearchCriteria.do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http://www.sos.state.co.us/click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."

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| 1. IMMOBILIEN LLC (Name of Foreign  | Limited Liability Company; must include "Limited   | Liability Company," "L.L.C.," or "LLC.                                    | ")  |
|---|--|---|---|
| (If name imavailable, enter alternate n   | arms adopted for the purpose of transacting business in Flori  | da. The alternate name must include "Limited L                            | iability Company," "L.L.C," or "LLC.")                                |
| 2 STATE OF COLORAD  |  | 3.  | mber, if applicable)  |
| 4. JULY 5TH 2018  | The Comment of the Standards of | and the trans   |   |
|   | (Date first transacted business in Florida, if prior to r<br>(See sections 605.0904 & 605.0905, F.S. to determine  | e genalty liability)  | -2  |
| 5. 2612 S LINCOLN ST  |  | 6. 9480 NORTH EAST 2NI  |   |
| (Street Address of I  |  | Mailing Ao)<br>MIAMI SHORES, FLOR   |   |
| DENVER, COLORAD   | 00 80204   | MIAMI SHOKES, FLOK  | 27  |
|   |  |   | PAY P   |
| 7. Name and street address  | ss of Florida registered agent: (P.O. Box  | NOT acceptable)   | OF ST   |
| Name:   | NICK D GARCIA  |   | THE W   |
| Office Address:   | 7602 NW 2ND CT   |   | · 元 7   |
|   | MIAMI  | , Florida <u>33150</u>  |   |
| Registered agent's accep  | (City)   | (Zip c  | ode)  |
| and accept the obligation   | (Registered agent)   | (VVV)   | <del></del>   |
| 8. The name, title or cap. Title or Capacity:                                       | acity and address of the person(s) who ha Name and Address:  | s/have authority to manage is/are<br><u>Title or Capacity:</u>            | Name and Address:   |
| Partner   | NICK D GARCIA  | Pastona   | RUTH P SANCHEZ  |
| 1 000 000:  | 2602 NW 2ND.CT   |   | 2612 S Lincoln  |
|   | Miami, FL 33150  | <u>-</u>  | Denver,CO 80210   |
|   |  |   |   |
|   |  | -<br>-  |   |
| (Use attachments if neces   | ssary)   |   |   |
| 9. Attached is a certificate jurisdiction under the law of the translator must be s | e of existence, no more than 90 days old, of which it is organized. (If the certificat submitted)  | duly authenticated by the official<br>e is in a foreign language, a trans | having custody of records in the lation of the certificate under oath |
| 10. This document is executed submitted in a document to                            | outed in accordance with section 605.0203 of the Department of State constitutes a th  | ird,degreëjfelony as provided for:  | rare that any false information in s.817.155, F.S.                    |
|   | Signature  | of an authorized person   | <u>.                                    </u>                          |
|   | Y  | •   |   |
|   | Nick D Garcia  |   |   |
|   | Typed er   | printed name of signee  |   |

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