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COVER LETTER

Division of Corporations
BJECT: 6101 Colfax Ave, LLC
Name of Limited Liability Company
e enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of istence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.
ease return all correspondence concerning this matter to the following:
Name of Person
(0101 COLFAX 1-hie LLC Firm/Company
4403 W 108 15 HVP Address
(1) Potrningtes (00 80030) City/State and Zip Code
E-mail address: (to be used for future annual report notification)
r further information concerning this matter, please call:
Name of Contact Person at (303) 503-780 Area Code Daytime 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
closed is a check for the following amount: \$125.00 Filing Fee

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

COMPANYTOTRANSACTBU	TON 605.0902, FLORIDA STATUTES, THE FOL SINESS IN THE STATE OF FLORIDA: Limited Liability Company, must include "Limited I		R A FOREIGN LIMITED LIABILITY
Color	are adopted for the purpose of transacting business in Florid (C. () (c) (d) (d) (d) (d) (d) (e) (d)	3. (FBI number) (FBI number)	olity Company," "L.E.C," or "L.E.C.") er, if applicable)
4. July D	Other Commissions of Plants, if prior to reg (Date first transacted business in Plants, if prior to reg (See sections 601.0904 & 603.0903, F.S. to determine	distration.)	· ;
5. 4403 (1)	(See sections 603,0904 & 603,0903, F.S. to determine	6. (Maillen addr	
Westrains			
	s of Florida registered agent: (P.O. Box]	NOT acceptable)	10 0
Name:	KP Law, PLLC		OCT I
Office Address:	100 N Laura St, 801		α (25) (25)
	Jacksonville	, Florida 32202	PH 50
	ons of all statutes relative to the proper a of my position as registered agent. (Registered agent's sign)		unes, una 1 um jamuar wiin
Title or Capacity:	city and address of the person(s) who has	·	Name and Address:
resident	1403 W 68 F AVE 1403 W 68 F AVE 1Alestronster (D)		
(Use attachments if necess	sary)		:
9. Attached is a certificate	of existence, no more than 90 days old, du	lly authenticated by the official ha	ving custody of records in the
jurisdiction under the law o of the translator must be su	of which it is organized. (If the certificate	is in a foreign language, a translati	on of the certificate under oath
jurisdiction under the law of the translator must be su 10. This document is execu	of which it is organized. (If the certificate	(1) (b), Florida Statutes. I am aware	e that any false information
jurisdiction under the law of the translator must be su 10. This document is execu	of which it is organized. (If the certificate ibmitted) ated in accordance with section 605.0203 (the Department of State constitutes a third	(1) (b), Florida Statutes. I am aware	e that any false information

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.

6101 Colfax Ave, LLC

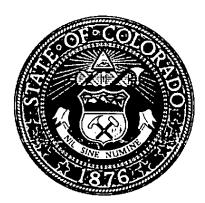
is a

Limited Liability Company

formed or registered on 05/16/2011 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 20111286847.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 08/23/2018 that have been posted, and by documents delivered to this office electronically through 08/28/2018 @ 13:49:09.

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 08/28/2018 @ 13:49:09 in accordance with applicable law. This certificate is assigned Confirmation Number 11088305



Hayren. 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."