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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383
From: Account Name : HARVARD BUSINESS SERVICES, INC
Account Number : 120080000045
Phone : (302)645-7400
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2018 OCT 29 AM 9:41
DEPARTMENT OF STATE
TALLAHASSEE, FL
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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: SWF@SWFARKAS.COM

Foreign Limited Liability Company
SW Farkas, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

OCT 30 11 00

S. PRATHER

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

IN COMPLIANCE WITH SECTION 605.0202, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. SW Farkas, LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, 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. (FEI number, if applicable)

4. (Date first transacted business in Florida, if prior to registration)
(See sections 605.0901 & 605.0905, F.S. to determine penalty liability)

5. 470 Park Avenue (Street Address of Principal Office)
New York, NY 10022
6. 470 Park Avenue (Mailing Address)
New York, NY 10022

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

Name: Virginia Somers White Farkas
Office Address: 2600 North Flagler Drive Apt 607
West Palm Beach, Florida 33407

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.

(Registered agent's signature)

Table with 4 columns: Title or Capacity, Name and Address, Title or Capacity, Name and Address. Row 1: MBR, Virginia Somers White Farkas, 2600 North Flagler Drive Apt 607, West Palm Beach FL 33407.

(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, P.S.

Signature of an authorized person

Virginia Somers White Farkas

Typed or printed name of signer

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2018 OCT 29 AM 9:41
STATE OF FLORIDA
TALLAHASSEE, FL

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SW FARKAS, 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 TWENTY-NINTH DAY OF OCTOBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SW FARKAS, LLC" WAS FORMED ON THE THIRTY-FIRST DAY OF AUGUST, A.D. 2011.

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



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

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SR# 20187375510

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

Authentication: 203704168

Date: 10-29-18