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Account Number : I20080000067

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Fax Number

: (845)818-3588

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Foreign Limited Liability Company LAKE HILLS PLAZA HOLDINGS, LLC

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S. PRATHER

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10/29/2018 11:50 (FAX)845 818 3588 P.003/003

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:

	amo adopted for the purpose of transacting business in Flo	ride. The elicensi	to mane must include "Limited L	isbility C	Conspany," "L.	LC," or "L	īc.n
DE		1					
(Jurisdiction under the law of w	nich foreign limited liability company is organized)	y	(FEI sun	mber, if a	pplicable)		_
·					_		
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 603,0905, F.S. to determine						
916 Madison Ave Lak		6. 910	Madison Ave Lakew	ood N	J 08701		_
(Street Address of	rincipal Office)		(Matting Ac	kiresa)			
					(1)	25	_
					77.0	2018	
Name and street address	ss of Florida registered agent: (P.O. Box	NOT acce	ptable)			007	
Name:	Vcorp Services, LLC		•		去礼	29	تامعي د
• • •					SS	Ŧ	5
Office Address:	5011 South State Road 7, Suite 106				mari Man		į.
	Davie		, Florida <u>33314</u>		_ m=	با نۇ	
gistered agent's accep	(City)		(ZIp ex	o ć e)	F 54	و أ	
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	(Registered agent's	rignature)			-		
The same side or comme	, ,	-	ority to manage is/are:	_	_		
The name, title or cape Title or Capacity:	(Registered agent's scity and address of the person(s) who have and Address:	s/have auth	ority to manage is/are:	N:	ame and A	Address	Ē
	scity and address of the person(s) who ha	s/have auth	ority to manage is/are:	<u> </u>	ame and A	Address	<u>:</u>
Title or Capacity:	Name and Address: Yoseph Bialostozky 916 Madison Ave	s/have auth	ority to manage is/are:	. <u>N</u> :	ame and A	Address	<u>:</u>
Title or Capacity:	acity and address of the person(s) who ha Name and Address: Yoseph Bialostozky	s/have auth	ority to manage is/are: or Capacity:	. <u>N</u>	ame and A	Address	:
Title or Capacity:	Name and Address: Yoseph Bialostozky 916 Madison Ave	s/have auth	ority to manage is/are:	<u>N</u>	ame and A	Address	<u> </u>
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Title or Capacity: Manager	Name and Address: Yoseph Bialostozky 916 Madison Aye Lakewood NJ 08701	s/have auth	ority to manage is/are:	<u>N</u>	ame and A	Address	
Title or Capacity: Manager Jse attachments if neces	Name and Address: Yoseph Bialostozky 916 Madison Aye Lakewood NJ 08701	s/have auth Title	or Capacity:	<u>N</u>			
Title or Capacity: Manager Use attachments if neces Attached is a certificate risdiction under the law	Name and Address: Yoseph Bialostozky 916 Madison Aye Lakewood NJ 08701 sery) of existence, no more than 90 days old, of which it is organized. (If the certificate	s/have auth Title s	ticated by the official b	Na 	custody o	frecard	s in t
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Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "LAKE HILLS PLAZA 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 TWENTY-NINTH DAY OF OCTOBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LAKE HILLS PLAZA HOLDINGS LLC" WAS FORMED ON THE THIRTY-FIRST DAY OF AUGUST, A.D. 2018.

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

Authentication: 203698245

Date: 10-29-18