## MBOWUUSS

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11/14/18 05

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO.	:	I20000	000195				
REFERENCE	:	479192		8941A			
AUTHORIZATION	:	Land	X DO	na a	ز	~s.	
COST LIMIT	:	\$ (1/2)5.	00				7
ORDER DATE: November 9, 2018  ORDER TIME: 11:04 AM  ORDER NO: 479192-005  CUSTOMER NO: 8941A						13 D St 53	(7)
	<u></u>	<b>-</b>			<del>-</del>	<b>-</b>	<b>-</b>
FOREIGN F	ŢĻĪ	NGS					
NAME: SN5028 LLC							
XXXX QUALIFICATION (TYPE: L	<u>'Г</u> )						
PLEASE RETURN THE FOLLOWING AS	PR	OOF OF	FILING	:			
CERTIFIED COPY  XX PLAIN STAMPED COPY  CERTIFICATE OF GOOD ST	'AND	ING					
CONTACT PERSON: Roxanne Turne	r -	- EXT#	62969				

EXAMINER:

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

IN COMPLANCE WITH SECTION 005.0X02, FLORIDA STARTIES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED DABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

	wine aborded for the purpose of nancarina taxana	ners in Fluida. The alternate more most methods of anited traditing Company," "L.L.C." or "LLC."	,
Delaware	A A A I HIMSHALL SHORE		•
	lach kneigh Imared bubility company is organized	3. 47-1940268 (Fig. number, it applicable)	
·	(Date first transacted business in Florida if	of pasor to registration )	
611 Consult Balon To-	(See sertions 605,0904 & 605 0905, F.S. 10		
, 511 Coconut Palm Terr	Tacc Fancijal Office)	6. 511 Coconut Palm Terrace (Mading Address)	
Plantation, FL 33324		Plantation, FL 33324	
	· · · · · · · · · · · · · · · · · · ·		
. Name and street address	s of Florida registered agent: (P.O	O. Box NOT acceptable)	
	Bruce D. Green, P.A.	ر. بلي. الإنجاب	
Name:			; 
Office Address:	1313 South Andrews	-:	,
	Fort Lauderdale	ىن. Florida <u>333</u> 16	
tegistered agent's accepta	(Cay)	(Zip code)	1 1
-	Ву	<del></del>	
3. The name, title or capac	Bruce D. Green (Repstered) City and address of the person(s) w	who has/have authority to manage is/are:	
3. The name, title or capac <u>Title or Capacity:</u>	Repaired (Repaired ) Bruce D. Green city and address of the person(s) w Name and Address:	who has/have authority to manage is/are:  Title of Capacity:  Name and Address:	
3. The name, title or capac	Bruce D. Green city and address of the person(s) w Name and Address: 511 Coconut Palm Terr	who has/have authority to manage is/are:  Title of Capacity:  Name and Address:	
3. The name, title or capac <u>Title or Capacity:</u>	Repaired (Repaired ) Bruce D. Green city and address of the person(s) w Name and Address:	who has/have authority to manage is/are:  Title of Capacity:  Name and Address:	
The name, title or capac <u>Title or Capacity:</u>	Bruce D. Green city and address of the person(s) w Name and Address: 511 Coconut Palm Terr	who has/have authority to manage is/are:  Title of Capacity:  Name and Address:	
i. The name, title or capac Title or Capacity:	Bruce D. Green city and address of the person(s) w Name and Address: 511 Coconut Palm Terr	who has/have authority to manage is/are:  Title of Capacity:  Name and Address:	
3. The name, title or capac <u>Title or Capacity:</u>	Bruce D. Green city and address of the person(s) w Name and Address: 511 Coconut Palm Terr	who has/have authority to manage is/are:  Title of Capacity:  Name and Address:	
8. The name, title or capac <u>Title or Capacity:</u> Shaul Zislin, Manager	Bruce D. Green  city and address of the person(s) w  Name and Address:  511 Coconut Palm Terr  Plantation, FL 33324	who has/have authority to manage is/are:  Title of Capacity:  Name and Address:	
S. The name, title or capac <u>Title or Capacity:</u> Shaul Zislin, Manager	Bruce D. Green  city and address of the person(s) w  Name and Address:  511 Coconut Palm Terr  Plantation, FL 33324	who has/have authority to manage is/are:  Title or Capacity:  Name and Address:	
S. The name, title or capace  Title or Capacity:  Shaul Zislin, Manager  Jse attuchments if necessing	Bruce D. Green  city and address of the person(s) w  Name and Address:  511 Coconut Palm Terr  Plantation, FL 33324	who has/have authority to manage is/are:  Title or Capacity:  Name and Address:  Name and Address:	cords i
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Shaul Zislin, Manager  Shaul Zislin, Manager  Shaul Zislin, Manager  Attached is a certificate or crisdiction under the lawor the translator must be sub-	Bruce D. Green  city and address of the person(s) w  Name and Address:  511 Coconut Palm Terr  Plantation, FL 33324  sary)  of existence, no more than 90 du  of which it is organized (if the cobmitted)	who has/have authority to manage is/are:  Title or Capacity:  Name and Address:  Name and Address:  lays old, duly authenticated by the official having custody of receptificate is in a foreign language, a translation of the certificate of the certificate is in a foreign language.	• • •
Jse attachments if necess.  Attached is a certificate or insdiction under the lawlo	Bruce D. Green  city and address of the person(s) w  Name and Address:  511 Coconut Palm Terr  Plantation, FL 33324  cary)  of existence, no more than 90 du  of which it is organized. (If the orbinitted)	who has/have authority to manage is/are:  Title or Capacity:  Name and Address:  Name and Address:  lays old, duly authenticated by the official having custody of receptificate is in a foreign language; a translation of the certificate of the certificate is in a foreign language; a translation of the certificate of	• • •
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Shaul Zislin, Manager  Shaul Zislin, Manager  Shaul Zislin, Manager  Attached is a certificate or crisdiction under the lawlo the translator must be sub-	Bruce D. Green  city and address of the person(s) w  Name and Address:  511 Coconut Palm Terr  Plantation. FL 33324  fary)  of existence, no more than 90 due of which it is organized. (If the committed)  and the Department of State constitution of the Department of State constitution.	who has/have authority to manage is/are:  Title or Capacity:  Name and Address:  have official having custody of receptificate is in a foreign language; a translation of the certificate is in a foreign language; a translation of the certificate is the foreign language; and aware that any false informs a third degree felony as proyided for in \$817.155, F.S.	• • •
Jse attuchments if necess.  Attached is a certificate or cisdiction under the lawlo	Bruce D. Green  city and address of the person(s) w  Name and Address:  511 Coconut Palm Terr  Plantation. FL 33324  fary)  of existence, no more than 90 due of which it is organized. (If the committed)  and the Department of State constitution of the Department of State constitution.	who has/have authority to manage is/are:  Title or Capacity:  Name and Address:  Name and Address:  lays old, duly authenticated by the official having custody of receptificate is in a foreign language; a translation of the certificate of the certificate is in a foreign language; a translation of the certificate of	•

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "SN5028 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 NINTH DAY OF NOVEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SN5028 LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF SEPTEMBER, A.D. 2014.

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

Authentication: 203875051

Date: 11-09-18