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(Requestor's Name)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
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FLORIDA RESEARCH & FILING SERVICES, INC.

1211 CIRCLE DR

TALLAHASSEE, FL 32301

PH: 850-524-4381

PLEASE FILE THE ATTACHED QUALIFICATION FOR:

DTW WASHINGTON AVENUE, LLC

PLEASE RETURN CERTIFIED COPY & A CERTIFICATE OF GOOD STANDING

CK# 8053 FOR \$640.00 (\$160.00 for this filing)

THANK YOU!

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. DTW Washington Ave	nue, LLC Emited Liability Company; must include "Limited	Liabili	y Company," "L.L.C.," or "I.J.C.")	
(If any a war field a second at the second a		ia. The	the many and the land of the l	22. C
	ame adopted for the purpose of transacting business in Flor		- 1-	sility Company, "L.E.C," or "LLC.")
2. Delaware	hich foreign limited liability company is organized)	3.		per, if applicable)
(700 Delivitori di deli di di seri or 14)	incition and a monthly company to organizacy		(i tri auto	or, ii approcessor)
4.				
	(Date first transacted business in Florida, if prior to r (See sections 605 0904 & 605.0905, F.S. to determine	egistratur se pensilty	a) Imbility)	
5 1000 NW 27th Ave.			1000 NW 27th Ave.	
(Street Address of F	Principal Office)	6.	(Mailing Addr	ress)
Miami, FL 33125	•		Miami, FL 33125	, ea
::				P. (1)
· · · · · · · · · · · · · · · · · · ·				T
	s of Florida registered agent: (P.O. Box Atrium Registered Agents, Inc.	NOT	acceptable)	MOV 14
Name:	- Table to Bistory to Best St. to St.			M 9: 30
Office Address:	8950 SW 74th Ct., Suite 1901			5.
			20157	일본 일
	Miami (City)		, Florida 33156	 ۲
designated in this applica to comply with the provisi	gistered agent and to accept service of p tion, I hereby accept the appointment as ions of all statutes relative to the proper s of my position as registered agent.	regisi	ered agent and agree to act	in this capacity. I further agree
	Atrium Registered (Registered agent's s	ignature)	By: Felipe Frias, VP	
8. The name, title or capa	acity and address of the person(s) who ha	s/have	authority to manage is/are:	
Title or Capacity:	Name and Address:		itle or Capacity:	Name and Address:
MGR	Wise, David T. Wise, Jr.			
	1000 NW 27th Ave	-		
	Miami, FL 33125	-		
		- -		
		-		
(Use attachments if necess	earv)			
9. Attached is a certificate	of existence, no more than 90 days old, of which it is organized. (If the certificate			
	uted in accordance with section 605.0203 the Department of State constitutes a thi	rd deg	ree felony as provided for in:	
	Don 10 T 10	1	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
	David T. M Signature	of an auth	crized kyum	

Typed or printed name of signee

DAVID T. WISE, JR.

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "DTW WASHINGTON AVENUE, 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-SEVENTH DAY OF AUGUST, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DTW WASHINGTON AVENUE, LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF AUGUST, A.D. 2018.

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

Authentication: 203318803

Date: 08-27-18