## Florida Department of State

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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 Fax Number : (302)645-1280

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address:\_ vmyers@fmmatty.com

## Foreign Limited Liability Company Main 6494 LLC

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



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

IN COMPLIANCE WITH SECTION Ø15.09.02, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

mie unavailable, einei ahemate n	ame adopted for the purpose of transacting business in Fl	orida. The afternate name must include "Limited	Lability Company," "L. L.C," or "LLC,")	
Delaware		3 83-2133522		
(Jurisdiction under the Loy at which foreign limited hability company is organized)			(FE) (umber, it applicable)	
October 2, 2018				
	(Date first transacted business in Horida, if prior to	o registration )	<del></del>	
	(See sections 605 0904 & 605 0905, F.S. to determ			
(Sirect Address of E	rmeipal Office)	6	Address) See a	
119 The Plains Road		PO BOX 1622, Middleb	ourg, VA 20 🚞 🚾	
Middleburg, VA 201V	1			
Name and street addres	s of Florida registered agent: (P.O. Bo	x NOT acceptable)	네 <u>기</u> 이 [[	
Name:	Registered Agents Inc.		u *	
Office Address:	3030 N. Rocky Point Dr., STE 150A		PH :-	
	Tampa		ਹੀਜ਼ <b>ਵਾ</b>	
	(City)	, Florida <u>33607</u>	• coder	
ignated in this applica comply with the provisi		as registered agent and agree to a	act in this capacity. I further	
ving been named as re ignated in this applica comply with the provisi	tance: gistered agent and to accept service of tion, I hereby accept the appointment o ions of all statutes relative to the prope s of my position as registered agent	as registered agent and agree to a rand complete performance of t	act in this capacity. I further	
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Exped or printed name of signee

## Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "MAIN 6494 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 THIRTIETH DAY OF OCTOBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MAIN 6494 LLC"

WAS FORMED ON THE SECOND DAY OF OCTOBER, A.D. 2018.

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

FILED

#8 NOV 16 PH 1: 26

Authentication: 203711546

Date: 10-30-18

7083592 8300 SR# 20187393695