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PICK-UP	TIAW	MAIL
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Special Instructions to Filin	g Officer:	
W18-94736	2	

Office Use Only

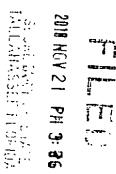


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		CO	VER LETTER					
	tration Section ion of Corporations			•				
SUBJECT:	NUBERGE 304 NOR	TH OCEAN BLVD, LLC						
SUBJECT		Name of	Limited Liability	Company				
		gn Limited Liability Comp to register the above refer						
Please return a	ll correspondence co	ncerning this matter to the	following:					
	ALISHA EZELI							
		N	ame of Person					
	LAW OFFICES	OF DAVID M. BAUMAN	₹ PLLC					
		F	irm/Company					
	6550 NORTH FE	EDERAL HIGHWAY, ST	E 220					
			Address		<u>-</u>			
	FORT LAUDER	DALE, FLORIDA 33308				£1.	2018	بستحن
	AEZELL@BAUN	City/S IANLEGAL.COM	tate and Zip Code	:		 	2018 HGY 2	
	-	E-mail address: (to be use	d for future annua	I report no	tification)		 -0	F
For further info	ormation concerning	this matter, please call:					्रम् दुर्भ स्क्री	# ************************************
ALIS	HA EZELL		954 at (	424-33	06		9	
	Name of	Contact Person	Area Code	Day	vtime Telephone N	umber		
Divisi Regis P.O. I	LING ADDRESS: ion of Corporations tration Section Box 6327 nassee, FL 32314			Division Registrat Clifton E 2661 Exc	F ADDRESS: of Corporations tion Section Building ecutive Center Circ see, FL 32301	:le		
	heck for the followin 25.00 Filing Fee	ng amount: □ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Fili Certified Copy		□ \$160.00 Filing of Status & Cert	g Fee, Ce itied Cop	Fill HOV 19	



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

October 27, 2018

KONSTANTIN ORLOV C/O ALISHA EZELL 6550 N FEDERAL HWY #220 FT. LAUDERDALE, FL 33308

SUBJECT: AUBERGE 304 NORTH OCEAN BLVD, LLC

Ref. Number: W18000094732

We have received your document for AUBERGE 304 NORTH OCEAN BLVD, LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

There is a balance due of \$37.50.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Corporate Records Supervisor 10v 21 PH 3: 86

Letter Number: 818A00022191

#### **COVER LETTER**

TO:

	Registration Section Division of Corporations	_		<b>1</b>
SUBJEC	AUBERGE 304 NORTH OCEAN BLVD, LLC DOBLINEST # W 1806 OF	<b>9</b> C	4	13 2
	Name of Limited Liability Company	-		
	ised "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida, and check are submitted to register the above referenced foreign limited liability company to transact busing the company to transact business.			
Please ret	urn all correspondence concerning this matter to the following:			
	ALISHA EZELL			
	Name of Person	-		
	LAW OFFICES OF DAVID M. BAUMAN PLLC			
	Firm/Company	_		
	6550 N FEDERAL HIGHWAY			
	Address	-		
	SUITE 220	<u>:</u> :	2018 NOV 2	بنتت
	City/State and Zip Code		NOV	}
	FORT LAUDERDALE, FLORIDA 33308		2	1
	E-mail address: (to be used for future annual report notification)		PH	ă i
For furthe	er information concerning this matter, please call:		ر <del>ت</del> ى	,
	ALISHA EZELL 954 424-3306 at ( )	Ş	9,	
-	Name of Contact Person Area Code Daytime Telephone Number	-		
i 1	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Clifton Building Tallahassee, FL 32314 Clifton Building Tallahassee, FL 32301			
	is a check for the following amount:  S125.00 Filing Fee S130.00 Filing Fee S155.00 Filing Fee S1560.00 Filing Fee. C  Certificate of Status Certified Copy of Status & Certified Co		eate	

## Document # W18000094732

telen, knowen time

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

IN COMPLIANCE WITH SECTION 605,0902, FLORIDA STATUTEN THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

lf'name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Florid	la. The alte	rnate name must include "Limited Lia	bility Compar	љ," "L.L.С,"	or "LLC.")	
DELAWARE		3.	36-4912058				
(Jurisdiction under the law of w	hich foreign lumited liability company is organized)	٠, ٠		ber, if applica	ble)		
ł							
	(Date first transacted business in Florida, if prior to re (See sections 605,0904 & 605,0905, F.S. to determine	gistration ) penalty lia	ability)				
5. HARVARD BUSINES		6. <u>1</u>	LAW OFFICES OF DAVI	ID M. BA	UMAN		
16192 COASTAL HIC	•	$\epsilon$	S550 N FEDERAL HIGH		:0		
DEWES, DE 19958	<del> </del>	-	FORT LAUDERDALE, F	L 33308	5	2018	
		_				- C1-	-
7. Name and street address	ss of Florida registered agent: (P.O. Box	NOT ac	ceptable)		1	NOV	Harman St.
Name:	DAVID M. BAUMAN					21	1
	CSSO NODTH FEDERAL HIGHWAY	นาวก			: ***	TY O	
Office Address:	6550 NORTH FEDERAL HIGHWAY	7220	·		<u></u>	بب	(B. 94)
	FORT LAUDERDALE		Florida <u>33308</u>			S. S.	
designated in this applica	egistered agent and to accept service of pa tion, I hereby accept the appointment as	register	Zip cod or the above stated limited ed agent and agree to act	in this co	ipacity. I	at the p further	agree
Having been named as re designated in this applica o comply with the provis	stance: egistered agent and to accept service of pi	register	Zip cod or the above stated limited ed agent and agree to act	in this co	ipacity. I	at the p further	agree
Having been named as re designated in this applica o comply with the provis	stance: egistered agent and to accept service of pi tion, I hereby accept the appointment as ions of all statutes relative to the proper o	register ind com	Zip cod or the above stated limited ed agent and agree to act	in this co	ipacity. I	at the p further	agree
Having been named as redesignated in this applicate to comply with the provisiond accept the obligation  8. The name, title or capital.	exposition control of the person control of	register and com gnature) /have at	or the above stated limited red agent and agree to act aplete performance of my atthority to manage is/are:	in this ca duties, an	ipucity. I nd I um fa	ut the p further imiliar v	agree
Having been named as re designated in this applica to comply with the provisi and accept the obligation	egistered agent and to accept service of prestion, I hereby accept the appointment assions of all statutes relative to the proper of soft my position as registered agent.  (Registered agent's sinuscript and address of the person(s) who has Name and Address:	register and com gnature) /have at Tit	(Zip cod or the above stated limited red agent and agree to act aplete performance of my	in this ca duties, an	ipacity. I	ut the p further imiliar v	agree
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Having been named as redesignated in this applicate to comply with the provision accept the obligation  8. The name, title or capatitle or Capacity:  HANAGEI  (Use attachments if necess). Attached is a certificate	registered agent and to accept service of pation, I hereby accept the appointment assions of all statutes relative to the proper of soft my position as registered agent.  (Registered agent's signature and address of the person(s) who has Name and Address:  KONSTATIN ORLOW  LEGO NEED TO	gnature) /have at Titl	or the above stated limited agent and agree to act aplete performance of my authority to manage is/are: le or Capacity:	Name	and Add	at the p further imiliar v	agree vith

Typed or printed name of signee



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

DELAWARE, DO HEREBY CERTIFY "AUBERGE 304 NORTH OCEAN BLVD, 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 FOURTEENTH DAY OF NOVEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AUBERGE 304"

NORTH OCEAN BLVD, LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF JULY,

A.D. 2018.



Authentication: 203899326

Date: 11-14-18

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SR# 20187615750