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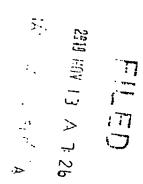
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FLORIDA DEPARTMENT OF STATE **Division of Corporations**

November 1, 2018

CHRISTOPHER WILD 10140 KINGSBRIDGE AVE TAMPA, FL 33626

SUBJECT: GFW-MANAGEMENT, LLC CFW REALESTATE MANAGEMENT, LLC

Ref. Number: W18000096276

We have received your document for CFW MANAGEMENT, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

Dionne M Scott Regulatory Specialist II

Letter Number: 018A00022604

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COVER LETTER

TO:

	CFW Management,					
SUBJEC	CT:		of Limited Liability (Company		
		reign Limited Liability Co d to register the above ref				
Please re	turn all correspondence c	concerning this matter to the	he following:			
	Christopher Wi	ld				
			Name of Person			
	CFW Managen	ient, LLC			,	
			Firm/Company	· · · ·		
	10140 Kingsbri	dge Ave				e server La server La server
			Address			
	Tampa, FL 336	526			< ب	フ
		City	/State and Zip Code		26	
	ctwild@gmail.co	om				
		E-mail address: (to be u	sed for future annua	l report notification)		
For furth	er information concernin	g this matter, please call:				
	Christopher Wild		727 at (644-4133		
	Name o	of Contact Person	Area Code	Daytime Tele	phone Number	
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			STREET ADDRE Division of Corpor Registration Sectio Clifton Building 2661 Executive Ce Tallahassee, FL 32	rations on enter Circle	
	l is a check for the follow ☐ \$125.00 Filing Fee	ing amount: \$\int\\$ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filit Certified Copy		.00 Filing Fee, Cer is & Certified Copy	

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. CFW Management II. (Name of Foreign	C CFW Reel E Limited Liability Company; must incl	State Manace Inde "Limited Liability Comp	any,""L.L.C.," or "LLC.")	د				
CFW Real Estate Manage	ement, LLC							
(If name unavailable, enter alternate n	name adopted for the purpose of transacting b			sility Compan	y," "L.L.C," :	or "LLC.")		
2. Delaware	high foreign limited liability company is orga	3. <u>83-2</u>	182053 (FEI numb	et, if applicab	ele)			
(Jurisdiction under the law of w	nich foreign immed habitity company is orga	mizeu)	(11.113111		,			
4. N/# - Will	be 12/1/18	 						
	(Date first transacted business in Flori (See sections 605,0904 & 605,0905, I	F.S. to determine penalty trathinty)						
5. 10140 Kingsbridge Av	'e	6. <u>1014</u>	6. 10140 Kingsbridge Ave (Mailing Address)					
5. 10140 Kingsbridge Ave (Street Address of Principal Office) Tampa, FL 33626			Tampa, FL 33626			TO THE STATE OF TH		
					- 3			
						<u> </u>		
					بيا			
7. Name and street addres	ss of Florida registered agent: ((P.O. Box <u>NOT</u> accept	able)		\rightarrow			
Name:	Christopher Wild		·-	•	بب	٠٠		
0.00	10140 Kingsbridge Ave			Þ	2 ե			
Office Address:	TO TO KINGBOTH & THE		_					
	Tampa		_ , Florida <u>33626</u> (Zip cod					
Registered agent's accep	(Cit	ty)	(Zip cod	ie)				
8. The name, title or cap:	(Regi	stered agent's signature) (s) who has/have author	rity to manage is/are:			u		
Title or Capacity:	Name and Address		Capacity:	Name	and Add	lress:		
Managing Mem	ber Christopher 1	الماء لد						
	ber Christopher 1 10140 Kingsbrid	lyc Ave						
	Tampa PL, 336	<u> </u>						
				_				
·			<u> </u>					
								
(Use attachments if neces	sary)							
9. Attached is a certificate jurisdiction under the law of the translator must be s	of existence, no more than 90 of which it is organized. (If the ubmitted)	days old, duly authenti e certificate is in a forei	cated by the official h gn language, a transla	aving cust tion of the	ody of re e certifica	cords in the te under oath		
10. This document is executed in a document to	ruted in accordance with section the Department of State cons	n 605.0203 (1) (b). Flor titutes a third degree fel	ida Statutes. I am awa ony as provided for in	re that any s.817.15:	v false inf 5, F.S.	Tormation		
		Signature of an authorized p	erson					
	Christop	her Wild						
		Typed or printed name of st	gnee					



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

DELAWARE, DO HEREBY CERTIFY "CFW REAL ESTATE MANAGEMENT, LLC" IS

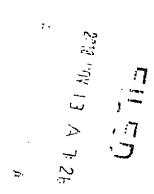
DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE NINETEENTH DAY OF NOVEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CFW REAL ESTATE MANAGEMENT, LLC" WAS FORMED ON THE ELEVENTH DAY OF OCTOBER, A.D. 2018.

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





Authentication: 203931755

Date: 11-19-18