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(Document Number)
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SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 12/11/2018		**WALK IN**
ENTITY NAME	133 PARK AVENUE, LLC	WALK 1
DOCUMENT NUMBEI	۲ <u>ــــــــــــــــــــــــــــــــــــ</u>	
	PLEASE FILE THE ATTACHED AND RETURN	
xxx	Plain Copy	
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	PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY	
	Certified Copy of Arts & Amendments	
	Certificate of Good Standing	
	APOSTILLE' / NOTARIAL CERTIFICATION	
COUNTRY OF DESTIN	ATTON	
NUMBER OF CERTIFIC	CATES REQUESTED	
TOTAL OWED \$12	5.00 CHECK #_5531	
Please call Tina at	the above number for any issues or concerns. Thank you su	n much!

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COVER LETTER

TO: **Registration Section Division of Corporations**

133 Park Avenue, LLC

SUBJECT: _

7

Name of Limited Liability Company

The enclosed *Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida,* Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

	Name of Person	
Oikos Capital Management, LLC		
	Firm/Company	······
4023 Kennett Pike #50280		
- <u></u>	Address	
Wilmington, DE 19807		
C	ity/State and Zip Code	c
twiseman@wisecoholdings.com		
E-mail address: (to be	used for future annua	l report notification)
her information concerning this matter, please call	1:	
	847	387-3609
Paul Feldman or Kristena Blume		
Paul Feldman or Kristena Blume Name of Contact Person	at (Area Code	 Daytime Telephone Number
Name of Contact Person MAILING ADDRESS:		 Daytime Telephone Number <u>STREET ADDRESS:</u>
Name of Contact Person MAILING ADDRESS: Division of Corporations		STREET ADDRESS: Division of Corporations
Name of Contact Person <u>MAILING ADDRESS:</u> Division of Corporations Registration Section		STREET ADDRESS: Division of Corporations Registration Section
Name of Contact Person MAILING ADDRESS: Division of Corporations		STREET ADDRESS: Division of Corporations

ng Fæ 🕯 \$130.00 Filing Fee & 🗆 \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate 0 ru Certificate of Status Certified Copy of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 603.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBALITED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA-

133 Park Avenue, LLC

	more adopted for the puspose of transacting business in Fi	orida. The r	kernie name must include "Limzed Liability Company," "I	. L.C," α "LLC ")	
Delaware		3.	26-2095409		
(Jurndiction under the law of w	sch ferrige lented lability company a organized)		(FEI number, d'applicable)		
NIA				وران 1070 م	ž
	(Dete first transacted baseness in Florida, if prior to (See sections 605 0904 & 605 0905, F S. to determ	registration time percentry	n) Imbiay)	AL O	2
133 Park Avenue, LLC	2	6.	133 Park Avenue, LLC		טבט
(Stret Address of 1 4023 Kennett Pike #50		Q,	(Mailing Address) 4023 Kennett Pike #50280	<u> </u>	_
Wilmington, DE 1980			Wilmington, DE 19807	<u></u> 	
	· · · · · · · · · · · · · · · · · · ·				2
Name and streat address	s of Florida registered agent: (P.O. Bo				œ
realite and <u>succipation</u>			acceptable)		5
Name:	Bobbie Wiseman			ሆኑ	
Office Address:	16632 SE 2nd Ln				
	Ocala		 Florida 3.1488		
	(City)		(Zip code)		

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Lics

(Registered agent's signature)

S. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Title or Capacity:	Name and Address:	<u>Title or Capacity:</u>	Name and Address:
Manag En	Troy Wiseman		
	4023 Kennett Pice # 50 Wilmington DE 19 807	2.50	
Manag EB	Paul Feldman C201 70 Holland London, England		

(Use attachments if necessary)

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

-		
	Signature of an authorized person	<u></u>
	Troy Wiseman-Manager	
	Typed or printed name of sprase	



The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "133 PARK 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 FIFTH DAY OF DECEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "133 PARK AVENUE, LLC" WAS FORMED ON THE FOURTH DAY OF MARCH, A.D. 2008.

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



Authentication: 204032780 Date: 12-05-18

Page 1

4513866 8300 SR# 20187986293 You may verify this certificate online at corp.delaware.gov/authver.shtml

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