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SUNSHINE CORPORATE FILING OF FLORIDA INC.

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

DATE 12/18/2018	3				**WAI	LK IN**
ENTITY NAME	TAMPA SE	EVEN POOF	ł, LLC			<u> </u>
DOCUMENT NUME	BER					
	PLEASE FIL	E THE ATTAC	CHED AND RETUR	PN		
XXX	Plain Copy Certified Copy Certificate of St	iatus		51 1		70
	PLEASE OBTAIN T	HE FOLLOWIN	G FOR THE ABOV	E ENTITY	1 DEC 18 A 18:	FILED
	Certified Copy of Certificate of Go		lments		20	
	APOSTILLE	" / NOTARI	AL CERTIFICATION	'DN		
COUNTRY OF DEST NUMBER OF CERT	TINATION UFICATES REQUESTED_					
TOTAL OWED_\$	155.00		снеск # 5570			
Please call Tina	at the above number	for any issi	ues or concerns,	Thank you s	ro mach!	

COVER LETTER

TO:	Registration Section Division of Corporation	ns				
		TAMPA SEVEN POO	PH, LLC			
SUBJE	ECT:	Name of I	Limited Liability Company		-	
The en Exister	closed "Application by Fornce, and check are submitte	eign Limited Liability Comp d to register the above refere	pany for Authorization to Trenced foreign limited liability	ansact Business in Florida, ty company to transact busi	" Certificate of ness in Florida.	
Please	return all correspondence o	concerning this matter to the	following:			
		N	ame of Person	 	_	
					_	
		Fi	irm/Company			
			Address		<u></u>	
		Cityls	tate and Zip Code			
		Chyru	and the Lip Cons		26	
		E-mail address: (to be use	d for future annual report no	otlification)		7
For fu	rther information concernir	g this matter, please call:			DEC 18	TITI
	Name o	of Contact Person	at () Area Code Da	ytime Telephone Number	~ · · · · >	T U
	MAILING ADDRESS: Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314	<u>.</u> 5	Divisior Registra Clifton 2661 Ex	T ADDRESS: of Corporations tion Section Building secutive Center Circle ssee, FL 32301	20 A	
Enclos	sed is a check for the follow \$125.00 Filing Fee	ving amount; \$\sum \$\sum \text{\$\sum \text{\$\sin \text{\$\sum \text{\$\sin \text{\$\sum \text{\$\sin \text{\$\sum \text{\$\sin \text{\$\si	\$155,00 Filing Fee & Certified Copy	\$160.00 Filing Fee, (of Status & Certified Co		

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

(Name of Foreign	Limited Liability Company; must include "Li	Aller Lability Company will Company	
	Clinica Liability Company, mast meroac ex	miles distilly company, 6.6 c., or 6.6	()
none unavadable enter alternato	name adopted for the purpose of transacting business is	n Florida. The alternate name must include "Limited	Liability Company," "L.L.C," or "LL.C.")
DELAWARE	_	3. 83-2777216	
	high foreign limited liability company is organized)	(FEI or	umber, il epplicable)
N/A			
	(Date first transacted business in Florida, if pri (See acctions 603,0904 & 603,0905, P.S. to de	or to registration.) tenrine penaky habiliky)	
101 WEST 55TH STI	REET	6 101 WEST 55TH STRE	ET
(Street Address of	Principal Office)	NEW YORK, NY 10019	Address)
NEW YORK, NY 100	119	NEW TORK, NT 10015	
Name and street addre	ss of Florida registered agent: (P.O. I	lox NOT acceptable)	
Name:	National Registered Agents, Inc.		
Office Address:	1200 South Pine Island Road		
Office Address:		Placida 33324	
egistered agent's acce aving been named as r esignated in this applica	Plantation (City) otance: egistered agent and to accept service ntion, I hereby accept the appointmentation of all statutes relative to the per-	nt as registered agent and agree to a ner and complete performance of n	ted liability compuny at the place act in this capacity. I further agree my duties, and I am familiar with
egistered agent's acce aving been named as r signated in this applica	Plantation (City) otance: egistered agent and to accept service tiion. I hereby accept the appointmen	of process for the above stated limb of as registered agent and agree to a oper and complete performance of n	ted liability compuny at the place act in this capacity. I further agree my duties, and I am familiar with
egistered agent's acceptive aving been named as resignated in this application comply with the provision accept the obligation	Plantation (City) otance: egistered agent and to accept service ntion, I hereby accept the appointmentation of all statutes relative to the per-	of process for the above stated limit as registered agent and agree to a per and complete performance of n Lagree Bast and a stantural agent and agree to a gent and complete performance of n contact the stantural agent	ted liability company at the place not in this capacity. I further agree my duties, and I am familiar with CAROL GLOSPE
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Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "TAMPA SEVEN POOH, 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 EIGHTEENTH DAY OF DECEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TAMPA SEVEN POOH, LLC" WAS FORMED ON THE FOURTH DAY OF DECEMBER, A.D. 2018.

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

1919 DEC 18 A 12: 20



7178381 8300 SR# 20188216052

You may verify this certificate online at corp.delaware.gov/authver.shtml

)

Authentication: 204126142

Date: 12-18-18