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Division of Corporations UBJECT:
he enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Aistence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.
Tustin all correspondence concerning this maner to the following: Tustin G Cerrato
HEAD, MOSS FULTON & GRIFFIN P.A.
1530 BUSINESS CENTER DR. #4
FLEMING IS LAND, 12 32003 City/State and Zip Code
E-mail address: (to be used for future annual report hotification)
For further information concerning this matter, please call: July 6. Canalo at (904) 541-4530 Name of Contact Person Area Code Daytime Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount: S125.00 Filing Fee S125

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR ALTHORIZATION TO TRANSACT BUSINESS IN FLORIDA S COMPLIANCE WITH SECTION (15 MAR), FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY OMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: HULDINGS SPELLLC Company, "LLC," or "L.C") If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Linuted Enablity Company," "E.t. C." or "ELC" (3. 83-2701981 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) HEAD, MOSS, FULTON, & GRIFFIN, P.A. Name: Registered agent's acceptance: Having been named as registered agent and to accept vervice 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 prent.

FILED
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The name, title or capacity and address Title or Capacity:	of the person(s) who has/have authority to manage is/are: Name and Address:	
AMBR MGR	INGME HOLDINGS II, LA 3 BRANTUROS DR. SUMMIT, NJ 07901	LC
ATT		
		,

(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.

Justin G. CERRATO

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "INCOME HOLDINGS SPE, 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 TWENTIETH DAY OF DECEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "INCOME HOLDINGS SPE, LLC" WAS FORMED ON THE TWENTY-EIGHTH DAY OF NOVEMBER, A.D. 2018.

Authentication: 204145404

Date: 12-20-18