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(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone #)
PICK-UP	☐ WAIT	MAIL
(Bu	rsiness Entity Name)
(Do	ocument Number)	<u> </u>
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D. SCOTT JAN 4 2019



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 2, 2019

COGENCYGLOBAL

SUBJECT: SOUTH DADE PROPCO, LLC

Ref. Number: W1900000011

We have received your document for SOUTH DADE PROPCO, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

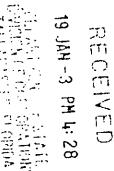
A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is 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: 319A0000001





115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date: 0	1/03/2019		
	Chris Vick		
Reference #:_	4000004		
Entity Name:_	SOUTH	ADE PROPCO, LLC	
✓ Articles ☐ Amendr	of Incorporation/Authorizat ment of Agent tement		MI DEC 28 P D WI
	tion/Withdrawal s Name		3-°
Other Authorized Am Signature:	ount: \$125		

F: +852,2682.9790



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	01/03/2019		
	Chris Vick		
Reference #	400004		
	SOUTH	DADE PROPCO, LLC	
Article Amen Chan	es of Incorporation/Authorizandment ge of Agent statement ersion	Alanda Turana A Direktor	2018 CEC 28 P 10 WI
_	lution/Withdrawal		
Authorized A	\$125		

F: 800.944.6607

F: +852.2682.9790

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

Delaware Solution shade the law of which foreign finaled liabling company is departed.) (Date that it amounted business in Floring, if prior to registration.) (See sections (40) 1930) & 605 (600, 8 8 to determine purely finality.) Attn: SentosaCare, LLC (Shirt Address of Finaled Office) 945 Broadway 945 Broadway 945 Broadway Woodmere, NY 11598 Woodmere, NY 11598 Conceptor Global Inc.	(Date his transacted passess of Florida registered agent: (P.O. Box NOT acceptable) Woodmere, NY 11598
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Woodmere, NY 11598 Woodmere, NY 11598 Me and street address of Florida registered agent: (P.O. Box NOT acceptable) Codency Global Inc.	Woodmere, NY 11598 Woodmere, NY 115983 The and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Cogency Global Inc. Office Address: Tallahassee Florida Tallahassee Florida 32301
me and street address of Florida registered agent: (P.O. Box NOT acceptable)	Name: Cogency Global Inc. Office Address: Tallahassee Florida To Florida To Florida Tallahassee Florida Tallahassee Florida Tallahassee
Codency Global Inc	Office Address: Cogency Global Inc. 115 N. Calhoun St., Ste 4 Tallahassee Florida 32301
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Cogency Global Inc.	Office Address: 115 N. Calhoun St., Ste 4 Tallahassee , Florida 32301
Name: Cogeticy Global Inc.	Office Address: 115 N. Calhoun St., Ste 4 Tallahassee , Florida 32301
	Tallahassee , Florida 32301
115 N. Calhoun St., Ste 4	Tallahassee , Florida 32301
Office Addicts.	, Florida
Tallahassee 32301	(City) (Zip : ode)
(Cm)	

8. 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: Manager Bent Philipson 945 Broadway Woodmere, NY 11598 Manager Benjamin Landa 945 Broadway Woodmere, NY 11598 (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 Thalia Stanberry

Typed or printed name of signee

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "SOUTH DADE PROPCO, 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 TWENTY-EIGHTH DAY OF DECEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SOUTH DADE PROPCO, LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF DECEMBER, A.D. 2018.

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

Authentication: 204194567

Date: 12-28-18

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