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2018 DEC 21 PH 2:31 SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: None 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:					
VALERIA Echyartymon Name of Person					
Low Office of Woleran Schiortyman					
12550 Bescayre Blud Suite 406					
North Huanni FL 33181 City/State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
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 S130.00 Filing Fee SCertificate of Status Certificate of Status S155.00 Filing Fee SCERTIFICATE Certified Copy S160.00 Filing Fee, Certificate of Status & Certified Copy					

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

	TION 605.0902, FLORIDA STATUTES, THE I SINESS INTHE STATE OF FLORIDA:	FOLLOWING IS SUBMITT; 2) TO REGIS	TER A FURFIGN LIMITED LIABILITY		
1. Name of Foreign	TRAIL LLC Limited Liability Comfany; must include "Limi	ted Liability Con-pany," "Li.R.," or "LI.C.")		
NORTH	TRAIL RENTA	15, LC			
(If name unavailable, enter alternate no	ame adopted for the purpose of transacting business in F	lorida. The diteruste name must ic it de "cimited Li	ability Company," "L.L.C," or "LLC,")		
2. (Jurisdiction under the law of wh	ACCO - sech foreign immed liability company is organized)	3. <u>30 - 08 15</u>	142 sber, if applicable)		
4. Not Ac	Date that transacted business in Flands, if prior t (See sections 605.0904 & 605.0905, F.S. to deter	to regutration.) mine penalty liability)			
5. 12550 Bis Co (Sireet Address of P	uno Blid	6 12550 Bisco	ugra Blud		
Suite # 406		Suite # 40	<u> 26 · </u>		
Mioni :- Flo	rida 33181	Momi - Fl	aida 33181		
7. Name and street addres	s of Florida registered agent: (P.O. Bo	ox NOT acceptable)			
Name:	Low affice of	Ialeria Schvark	zman si z		
Office Address:	12550 Bircayno BS	end sub 406	B DE		
	North Ham	<u></u> , Florica <u>3316</u>	正 3 6 7		
Registered agent's accep-	(City) tance:	(Zф со			
Having been named as re-	gistered agent and to accept service of	f process for the above stated limited	d liavility company at the place		
designated in this applicat	tion, I hereby accept the appointment	as registered agent and agree to ac	t in this capacity. I further agree		
and accept the obligations	ons of all statutes relative to the prope s of my position as register ed a gent.	er and complete perjornance of my	auties, and I am jointition with		
, ,	TOCT	- The	, H –		
	(Regintered agent,	's signature)			
S. The name, title or capa Title or Capacity:	city and address of the person(s) who have and Address:	has/have authority to man/ge is/are: Title or Capacity;	Name and Address:		
HGR	Geraldine Surchas &	(46			
	15507 Biscario	is siva			
	N. Miami Beach	FLORING			
	• • • • • • • • • • • • • • • • • • • •	······································			
(Use attachments if necess	sary)				
9. Attached is a certificate	of existence, no more than 90 days old	duly auther tigated by the official b	aving custody of records in the		
jurisdiction under the law of the translator must be su	of which it is organized. (If the certification	ate is in a foreign language, a transla	tion of the certificate under oath		
10. This document is exect submitted in a document to	uted in accordance with section 605 020 the Department of State constitutes a ti	03 (1) (b), Flarida Stowers: I am awa hint degree flory as provided for in	re that any false information s.817.155, F.S.		
	Signatu	er of an authorized person			
	-	·	•		
Geraldine Sanche : Eijo					

Page 1



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

DELAWARE, DO HEREBY CERTIFY "NORTH TRAIL 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 TENTH DAY OF DECEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NORTH TRAIL LLC"

WAS FORMED ON THE FOURTH DAY OF MARCH, A.D. 2014.

Authentication: 203981178

Date: 12-10-18