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SERBER&ASS

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Division of Corporations

Page 1 of 2

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : SERBER & ASSOCIATES, P.A.
Account Number : 120000000083
Phone : (305) 932-6262
Fax Number : (305) 933-9393

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2019 JAN 22 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FL 32399

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: info @ Serberlaw firm. com

Foreign Limited Liability Company
Township Plaza Holdings, LLC

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 01 |
| Estimated Charge | \$155.00 |

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2019 JAN 22 PM 3:35
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01/22/2019 14:42 3059339393

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PAGE 02/07

RECEIVED 01/22/2019 11:20 3059339393
850-817-6381

1/22/2019 11:35:28 AM PAGE 1/001 Fax Server

SERBER&ASSOC.

H190000219693



January 22, 2019

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SERBER & ASSOCIATES, P.A.

SUBJECT: TOWNSHIP PLAZA HOLDINGS LLC
REF: W19000007001

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

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) 245-6050.

Valerie Herring
Regulatory Specialist III

FAX Aud. #: H19000021969
Letter Number: 219A00001561

2019 JAN 29 PM 3:35

P.O. BOX 6327 - Tallahassee, Florida 32314

H190000 219693

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. TOWNSHIP PLAZA HOLDINGS LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware

(Jurisdiction under the law of which foreign limited liability company is organized)

3.

(FEI number, if applicable)

4.

(Once first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

2875 NE 191st Street, Suite 801

5. (Street Address of Principal Office)

Aventura, FL 33180

2875 NE 191st Street, Suite 801

6. (Mailing Address)

Aventura, FL 33180

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Serber & Associates, P.A.

Office Address: 2875 NE 191st Street, Suite 801

Aventura

(City)

, Florida 33180

(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.

(Registered agent's signature)

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2019 JAN 22 AM 10:45
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

4190000 219693

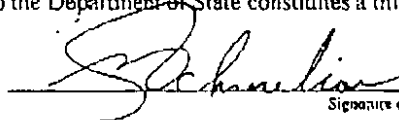
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

| <u>Title or Capacity:</u> | <u>Name and Address:</u> | <u>Title or Capacity:</u> | <u>Name and Address:</u> |
|---|--------------------------------------|--------------------------------------|--------------------------------------|
| <input checked="" type="checkbox"/> Manager | Name: S2 Development, LLC | <input type="checkbox"/> Manager | Name: _____ |
| <input type="checkbox"/> Member | Address: 18851 NE 29TH AVENUE | <input type="checkbox"/> Member | Address: _____ |
| <input type="checkbox"/> Authorized | Suite 1011 | <input type="checkbox"/> Authorized | _____ |
| Person | Aventura, FL 33180 | Person | _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Manager | Name: _____ | <input type="checkbox"/> Manager | Name: _____ |
| <input type="checkbox"/> Member | Address: _____ | <input type="checkbox"/> Member | Address: _____ |
| <input type="checkbox"/> Authorized | _____ | <input type="checkbox"/> Authorized | _____ |
| Person | _____ | Person | _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Manager | Name: _____ | <input type="checkbox"/> Manager | Name: _____ |
| <input type="checkbox"/> Member | Address: _____ | <input type="checkbox"/> Member | Address: _____ |
| <input type="checkbox"/> Authorized | _____ | <input type="checkbox"/> Authorized | _____ |
| Person | _____ | Person | _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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

Marc D Schmulian

 Typed or printed name of signer

H19 0000 219693

Delaware

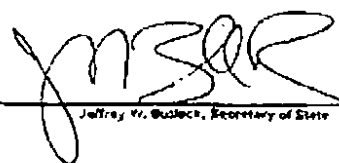
Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "TOWNSHIP PLAZA HOLDINGS 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 ELEVENTH DAY OF JANUARY, A.D. 2019.

FILED
2019 JAN 22 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA




Jeffrey W. Bullock, Secretary of State

7232630 8300

SR# 20190179980

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

Authentication: 202063891

Date: 01-11-19