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PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
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Filing Cover Sheet

To: Florida Division of Corporations

From: TAYLOR SEAY C/O Capitol Services, Inc.

Date: 3/6/2019

Trans#: 1036873

Entity Name: FORT LAUDERDALE CROWN CENTER, LLC

Articles Incorporation ()

Articles of Dissolution ()

Conversion ()

Foreign Qualification (XX)

Limited Liability ()

Reinstatement ()

Merger ()

Withdrawal / Cancellation ()

Other ()

STATE FEES PREPAID WITH CHECK<u>#1451</u> FOR \$155.00

PLEASE RETURN:

Certified Copy (XX) Plain Photocopy ()

Good Standing () Certificate of Fact ()

COVER LETTER

TO:

TO:		tion Section of Corporations						
SUBJE		t Lauderdale Crown						
Name of Limited Liability Company								
The end Existen	closed "Ap	oplication by Foreig eck are submitted t	gn Limited Liability Company to register the above reference	for Authorizat d foreign limite	ion to Transact ed liability com	Business in Florida," pany to transact busin	Certificate of ess in Florida.	
Please	return all c	correspondence cor	neerning this matter to the following	owing:				
		James Goldstein						
	Name of Person							
	Fort Lauderdale Crown Center, LLC							
		Firm/Company						
		1475 W. Cypress Creek Road, Suite 202						
	Address							
		Fort Lauderdale, FL 33309						
	City/State and Zip Code							
		jim@midgardgrou	p.com					
	-	E-mail address: (to be used for future annual report notification)						
For fur	rther infort	mation concerning	this matter, please call:					
	James Goldstein			954 .t (771-6714 x 3	227		
		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: Please make check payable to: FLORIDA DEPARTMENT OF STATE							
	\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status			\$155.00	Filing Fee & ied Copy	\$160.00 Filing of Status & Cen		

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: Fort Lauderdale Crown Center, 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.") (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 1475 W. Cypress Creek Road, Suite 202 1475 W. Cypress Creek Road, Suite 202 (Mailing Address) 5. (Street Address of Principal Office) Fort Lauderdale, FL 33309 Fort Lauderdale, FL 33309 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Clifford I. Hertz Name: One North Clematis Street, Suite 500 Office Address: West Palm Beach 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.

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]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name: Midgard Group, Inc. Name: Manager Manager ■ Manager 1475 W. Cypress Creek Road, Member Address: Member Suite 202 Authorized ☐ Authorized Fort Lauderdale, FL 33309 Person Person Other____ Other Other_ Other_ James Goldstein Name: _ Name: ______ Manager Manager Address: 1475 W. Cypress Creek Road Member Address: Member Suite 202 Authorized Authorized Fort Lauderdale, FL 33309 Person Person President Other_ Other ____ Other____ Other __ Name: _____ Manager | Manager Member Address: _____ Member Address: Authorized Authorized Person Person Other_____ Other_____ Other Other___

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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.

James E. Goldstein, President

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Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "FORT LAUDERDALE CROWN CENTER, 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 SIXTH DAY OF MARCH, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FORT LAUDERDALE CROWN CENTER, LLC" WAS FORMED ON THE SIXTH DAY OF MARCH, A.D. 2019.

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

Authentication: 202385578

Date: 03-06-19