

MF9000002470

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : STEARNS WEAVER MILLER WEISSLER ALHADEFF & SITTERSON
Account Number : 120060000135
Phone : (305) 789-3200
Fax Number : (305) 789-4137

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

Email Address: TBurns@sfab.com

**Foreign Limited Liability Company
FABSOUTH LLC**

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$155.00

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Corporate Filing Menu

Help

S. PRA

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. FABSOUTH LLC

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

2. DELAWARE

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

3. 20-0921961

(FEI number, if applicable)

4. Date of filing this Application with FL Department of State.

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

5. 721 NE 44TH STREET

(Street Address of Principal Office)

6. 721 NE 44TH STREET

(Mailing Address)

FT. LAUDERDALE, FL 33334

FT. LAUDERDALE, FL 33334

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

Name:

Stearns Weaver Miller Weissler Alhadeff & Sitterson, P.A.

Office Address:

Attn: David Seifer, 150 W. Flagler St., Ste 2200

Miami

(City)

, Florida

33130

(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)

FILED

2019 MAR 14 AM 9:35

STATE
OFFICE
TALLAHASSEE, FL

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):

Title or Capacity: Name and Address:

☒ Manager Name: Timothy Burns
☐ Member Address: 721 NE 44th Street
☐ Authorized Ft. Lauderdale, FL 33334

Person _____

☐ Other VP, Secretary ☐ Other Treasurer

Title or Capacity: Name and Address:

☐ Manager Name: Aaron McKee
☐ Member Address: 721 NE 44th Street
☐ Authorized Ft. Lauderdale, FL 33334

Person _____

☐ Other VP, Asst Secy ☐ Other Asst Treasurer

☒ Manager Name: Kurt Langenkamp
☐ Member Address: 721 NE 44th Street
☐ Authorized Ft. Lauderdale, FL 33334

Person _____

☐ Other President ☐ Other _____

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____


Person _____

☐ Other _____ ☐ Other _____

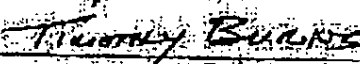
Important Note: Use an attachment to report more than six (6). If the attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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.817.153, F.S.



 Signature of an authorized person



 Typed or printed name of signer

DAKASSEE, FL

2019 APR 14 AM 9:35

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Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FABSOUTH 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 THIRTEENTH DAY OF MARCH, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FABSOUTH LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF MARCH, A.D. 2004.

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



3783166 8300

SR# 20191935271

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

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 202429671

Date: 03-13-19