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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

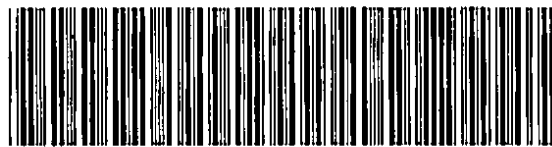
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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MAY 31 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 6342 MIDNIGHT PASS ROAD APT 436, LLC

Name 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:

RICHARD GOTTLIEB

Name of Person

GOTTLIEB & GOTTLIEB

Firm/Company

2475 ENTERPRISE ROAD, SUITE 100

Address

CLEARWATER, FLORIDA 33763

City/State and Zip Code

ERIK@GOTTLAW.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ERIK BEACH

Name of Contact Person

727

at ()

Area Code

791-1977

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:

\$125.00 Filing Fee

\$130.00 Filing Fee &
Certificate of Status

\$155.00 Filing Fee &
Certified Copy

\$160.00 Filing Fee, Certificate
of Status & Certified Copy

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2019

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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. 6342 MIDNIGHT PASS ROAD APT 436, 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. VIRGINIA 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 4231 EXBURY LANE
(Street Address of Principal Office)
WILLIAMSBURG, VIRGINIA 23188

6. 4231 EXBURY LANE
(Mailing Address)
WILLIAMSBURG, VIRGINIA 23188

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

Name: GOTTLIEB & GOTTLIEB, P.A.
 Office Address: 2475 ENTERPRISE ROAD, SUITE 100
CLEARWATER, Florida 33763
(City) (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)

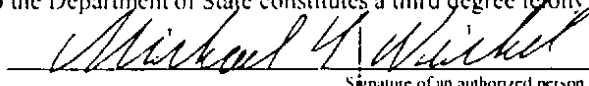
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>OWNER</u>	<u>MICHAEL NICKEL</u> <u>4231 EXBURY LN</u> <u>WILLIAMSBURG VA</u> <u>23188</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(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

MICHAEL L NICKEL
Typed or printed name of signer

APPROVED AND FILED
 2018 MAY 17 AM 11:08
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Commonwealth of Virginia



State Corporation Commission

CERTIFICATE OF FACT

I Certify the Following from the Records of the Commission:

That 6342 MIDNIGHT PASS ROAD APT 436, LLC is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

That the date of its organization is March 19, 2019; and

That the limited liability company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.

APPROVED
AND
FILED
MAY 17 AM 11:08
STATE CORPORATION COMMISSION
RICHMOND, VIRGINIA



*Signed and Sealed at Richmond on this Date:
March 20, 2019*

Joel H. Peck
Joel H. Peck, Clerk of the Commission