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## COVER LETTER

TO: . Registration Section

Div	ision of Corporation	15			
SUBJECT:	LOGAN ARCH DE	VELOPMENT LLC			
30bule 1.	<del></del>	Name of Lim	ited Liability	Company	-
				ation to Transact Business in Florida. ited liability company to transact busi	
Please return	all correspondence c	oncerning this matter to the foll	owing:		
	LEANN AUST	IN			
	-	Name	of Person		-
	REGISTERED	AGENTS LEGAL SERVICES	, LLC		
	Firm/Company				-
	1013 CENTRE	RD. SUITE 403S			
		A	ddress		•
	WILMINGTON	I, DE 19805			
	·	City/State	and Zip Code		•
	fferrari@loganare	chdev.com			
	<del> </del>	E-mail address: (to be used for	future annual	l report notification)	•
For further in	formation concerning	this matter, please call;		Σ <sub>w</sub>	. <del></del>
LEA	ANN AUSTIN	at	800	400-6650	KUL 6
	Name of	Contact Person	Area Code	Daytime Telephone Number	
Divis Regi P.O.	iLING ADDRESS: sion of Corporations stration Section Box 6327 shassee, FL 32314			STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	PH 4: 38
	osed is a check for the se make check payabl	e following amount: e to: FLORIDA DEPARTME	NT OF STA	ГЕ	
_	5125.00 Filing Fee	S130.00 Filing Fee & Certificate of Status	\$155.00	Filing Fee & S160.00 Filing ed Copy of Status & Cer	

## 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 COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

LOGAN ARCH DEVI	ELOPMENT LLC				
(Name of Foreign	Limited Liability Company; must include "Limit	ed Liability Company," "	'L.L.C.," or "LLC.")		<del></del>
If name unavailable, enter alternate s	name adopted for the purpose of transacting business in Flo	orida. The afternate name mu	st include "Limited Liability Cor	npany," "L.L.C," or	"LLC.")
DELAWARE 2. (Jurisdiction under the law of which foreign limited liability company is organ		3	(FEI number, if applicable)		
·	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determ	registration )			
(See sections 603 0904 & 605 0905, F.  15 WOLVERTON LANE  (Street Address of Principal Office)			ERTON LANE		
(Street Address of	Principal Office)	·	(Mailing Address)	<del></del>	
HILLSBOROUGH, N	J 08844	HILLSBOI	ROUGH, NJ 08844	<del></del>	<del></del>
Name and street addres	ss of Florida registered agent: (P.O. Box	NOT acceptable)		<u> </u>	1 KNF 6
Name:	REGISTERED AGENTS LEGAL SE	RVICES, LLC		表 數原	Hd ⊅I
Office Address:	155 OFFICE PLAZA DRIVE, SUITE	Α		TLORII	₽. •
	TALLAHASSEE	, Flo		D E	CS.
	(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)

Title or Capacity:	Name and Address:	Title or Capacity	Name and Address:
☐Manager	Name: Ferrari Acquisitions LLC	_ Manager	Name: Frank Ferrari
☐Member	Address:	Member	Address: 15 Wolverton Lane
☐Authorized	Hillsborough, NJ 08844	_ Authorized	Hillsborough, NJ 08844
Person		_ Person	
Other Managing	LLC Other	Other	Other
☐Manager	Name:	Manager	Name:
Member	Address:	Member	Address:
Authorized		Authorized	
Person		Person	
Other	Other	Other	Other
Manager	Name:	☐ Manager	Name:
Member	Address:	Member	Address:
Authorized		Authorized	
Person		Person	
Other	Other	Other	
ndexed individuals r	te an attachment to report more than six (6 nay be added to the index when filing your ficate of existence, no more than 90 days o	r Florida Department of State	Annual Report form.
	law of which it is organized. (If the certif		
	executed in accordance with section 605.0 ent to the Department of State constitutes		
dominica in a docum			

Typed or printed name of signee



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

DELAWARE, DO HEREBY CERTIFY "LOGAN ARCH DEVELOPMENT 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 JUNE, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LOGAN ARCH DEVELOPMENT LLC" WAS FORMED ON THE THIRD DAY OF MAY, A.D. 2018.

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



Authentication: 203018306

Date: 06-13-19

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