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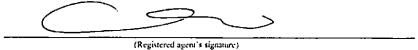
то:	Registration Section Division of Corporations					
SUBJEC	TREMONT LEASING,	LLC				
00.000	···	Name of	Limited Liabilit	y Company		
The encl Existence	osed "Application by Foreign e. and check are submitted to t	Limited Liability Com egister the above refer	pany for Authori enced foreign lir	ization to Transact Business in F mited liability company to transa	Florida," Certificate of act business in Florida.	
Please re	aurn all correspondence conce	rning this matter to the	following:			
	DEBORAH FANICI	I. PARALEGAL				
		N	ame of Person			
	LEWIS. BRISBOIS.	BISGAARD & SMIT	H LLP			
	110 SE 6TH STREE	T. SUITE 2600				
			Address			
	FORT LAUDERDA	LE, FL 33301				
	-	City/S	tate and Zip Cod	le		
	deb.fanich@lewisbrisb	ois.com				
	E-mail address: (to be used for future annual report notification)					
For further	er information concerning this	matter, please call:				
	Deborah Fanich		954 at (495-2209		
	Name of Con	act Person	Area Cod	e Daytime Telephone Nur	nber	
[F F	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Fallahassee, FL 32314			STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		
	Inclosed is a check for the follower that it is a check payable to:		MENT OF STA	NTE		
[\$130.00 Filing Fee & Certificate of State	S155.00	0 Filing Fee & 🔲 \$160.00 F	Filing Fee, Certificate & Certified Copy	

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

IN COMPLANCE 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:

l'uanie mavailable, enter alternate	name adopted for the purpose of transacting business in Flor	rida. The alternate name must include "Limited Liability Co	inpany," "L.L.C," or "I	.TC.7)	
DELAWARE L	-	3			
(Junsdiction under the law of v	shich foreign limited liability company is organized)	3. (FEI number, (capplicable)			
·					
1	(See sections 605,0904 & 605,0905, F.S. to determine	registration) ne penulty liability)			
3411 SILVERSIDE ROAD (Street Address of Principal Office)		639 E. OCEAN AVE 6.			
(Street Address of	Principal Office;	(Mailing Address)		-	
TATNALL BLDG #104		#309	표 . 노		
WILMINGTON, DE 19810		BOYNTON BEACH, FL 33435		=	
Name and street addres	25 PK	<u>ר</u>			
Name:	AMY DITTAMI		0.00 to	C	
Office Address:	639 E. OCEAN AVE, #309				
	BOYNTON BEACH	33435 . Florida			
	(City)	(Zip code)			

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]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name: AMY DITTAMI Manager Manager Manager Name: Address: _ 639 E. OCEAN AVE #309 Member Member Address: _____ BOYNTON BEACH, FL 33435 Authorized Authorized Person Person Other Other Other Other___ Name: KENNETH SLATER ■ Manager Manager Name: Address: 639 E. OCEAN AVE #309 Member Member Address: **BOYNTON BEACH, FL 33435** Authorized Authorized Person Person Other Other_____ Other__ Manager Name: _____ Manager Manager Name: ___ 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. Signature of an authorized person AMY DITTAME

Typed or printed name of signee

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "TREMONT LEASING, 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 TWENTY-THIRD DAY OF MAY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TREMONT LEASING, LLC" WAS FORMED ON THE THIRTIETH DAY OF APRIL, A.D. 2019.

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

TAY'S OF THE PARTY OF THE PARTY

Authentication: 202885645

Date: 05-23-19

7398364 8300 SR# 20194419583