NACCOM

(Re	questor's Name)					
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(City/State/Zip/Phone #)						
PICK-UP	WAIT	MAIL				
(D.						
(Bu	siness Entity Name	∍)				
(Do	cument Number)					
Certified Copies	_ Certificates of	of Status				
	•					
Special Instructions to	Filing Officer:					
<u> </u>						

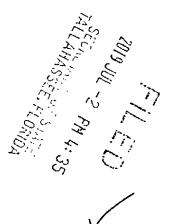
Office Use Only



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19 JUL-2 MI 10: 58

Y SCOTT



CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 828869 8186030

AUTHORIZATION : Spell Blevan

COST LIMIT : \$ 125.00

ORDER DATE : July 1, 2019

ORDER TIME : 9:39 AM

ORDER NO. : 828869-010

CUSTOMER NO: 8186030

FOREIGN FILINGS

NAME: 84-2 NW 42ND, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

YX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

COVER LETTER

	Registration Division of C	Section Corporations					
SUBJEC		V 42nd, LLC					
			Name of	Limited Liability	Company		
			gn Limited Liability Comp to register the above refere				
Please re	eturn all corre	spondence co	ncerning this matter to the	following:			
	Bri	ın Gallagher					:
			N	ame of Person			
	Ves	ta VFO				2019 JUL	-11
			Fi	rm/Company		五八	=
	160	0 N Bethlehei	m Pike, N100			HASSEE FLORID	FILED
				Address			المسيدة
	Lov	ver Gwynedd.	PA 19002			35 35 35 35 35 35 35 35 35 35 35 35 35 3	7
			City/S	tate and Zip Code			
	bgall	agher@vestav	fo.com				
			E-mail address: (to be used	l for future annua	l report notification))	
For furth	er informatio	n concerning t	this matter, please call:				
	Brian Gallag	her		267 at (5667876		
		Name of 0	Contact Person	Area Code	Daytime Tele	ephone Number	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			STREET ADDRI Division of Corpo Registration Section Cliffon Building 2661 Executive Co Tallahassee, FL 32	rations on enter Circle			
			following amount: to: FLORIDA DEPART	MENT OF STA	TE		
	\$125.00	Filing Fee	S130.00 Filing Fee & Certificate of Sta		Filing Fee & ied Copy	\$160.00 Filing For of Status & Certi	

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. 84-2 NW 42nd, LLC	T							
(Name of Foreign	Limited Liability Company; must include "Limit	ted Liability	Company	A""L.L.C	or "LL	Č.")		
(If name unavailable, enter alternate	name adopted for the purpose of transacting business in Fl	lorida, The al	ternate name	must include	"Limited	Liability Co	onipany," "	L.L.C," or "LLC."
Delaware 2	high foreign limited liability company is organized)	3.						
(Jurisdiction under the law of w	luch foreign limited liability company is organized)		-	(FEI number, if applicable)				
4	Out for several to							
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determ	registration.) iability)				-	
3921 Alton Rd #465 (Street Address of Principal Office)		6.	1600 N	0 N Bethlehem Pike, N100 (Mailing Address)				
(Street Address of	Principal Office)	0.		- (Mailing	Address)	9	
Miami Beach, FL 33140		_	Lower (Эwyпedd	, PA	7	- TNF -	
						SEC.	2 PM	1
'. Name and street address	s of Florida registered agent: (P.O. Box	NOT ac	ceptable	:)		FLORIDA	ի կ։ 35	Same i
Name:	Corporation Service Company							
Office Address:	1201 Hays Street							
	Tallahassee		, F	32 Iorida	2301			
	(City)				(Zip c	ode)		

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.

Roxanne Turner Asst. Vice President

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: ____ Jamie Mandel Name: DLC Capital Mgmt LLC Manager Manager 3921 Alton Rd #465 Address: _ Address: _ 3921 Alton Rd #465 Member Member Miami Beach, FL 33140 Miami Beach, FL 33140 Authorized Authorized Person Person Other____ Other Other___ Other____ Manager Name: Manager Manager Member Address: Member Authorized Authorized Person Person Other_ Other__ Other 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 \$.817.155, F.S.

Typed or printed name of signee

Brian Gallagher

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "84-2 NW 42ND, LLC" IS DULY FORMED

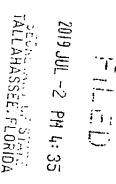
UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS

OF THE SECOND DAY OF JULY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "84-2 NW 42ND, LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF JUNE, A.D. 2019.

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





Authentication: 203142045

Date: 07-02-19