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(Re	equestor's Name)	
(Ac	idress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer.	
		;

Office Use Only



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Z .BROWN JUL 0 3 2019 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 828869

8186030

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE : July 1, 2019

ORDER TIME : 9:37 AM

ORDER NO. : 828869-005

CUSTOMER NO: 8186030

FOREIGN FILINGS

NAME: 4201 NW 1ST, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

COVER LETTER

TO:

Registration Section

CT:	Name of Lim	ited Liability	Company	
nclosed "Application by Forence, and check are submitted	rign Limited Liability Company I to register the above reference	for Authoriza d foreign limi	ation to Transac ted liability cor	ct Business in Florida," Ce mpany to transact business
return all correspondence co	oncerning this matter to the following	owing:		
Brian Gallagher				
	Name	of Person		
Vesta VFO				
	Firm/	Company		
1600 N Bethleh	em Pike, N100			
	A	ddress	_	
Lower Gwynedo	i, PA 19002			
	City/State	and Zip Code		
bgallagher@vesta				
	E-mail address: (to be used for	future annual	l report notifica	tion)
rther information concerning	this matter, please call:			
Brian Gallagher	at	267	5667876	
Name of	Contact Person	Area Code	Daytime	Telephone Number
MAILING ADDRESS: Division of Corporations			STREET AD Division of Co	
Registration Section			Registration S	
P.O. Box 6327 Tallahassee, FL 32314			Clifton Buildi 2661 Executiv Tallahassee, F	ve Center Circle
Enclosed is a check for the	e following amount: e to: FLORIDA DEPARTME	NT OF STA	TE	
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00	Filing Fee & ed Copy	\$160.00 Filing Fee of Status & Certifie

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. 4201 NW 1st, LLC

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

If name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Flo	rida The a	lternate na	me must include "Limited Liability C	Company," "L L.C.	or "LLC	
Delaware 2. (Jurisdiction under the law of which foreign limited liability company is organized)		3.	3(FEI number, if applicable)				
1							
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determi	registration	ı.) hability)		_		
3921 Alton Road #465		6.	_	N. Bethlehem Pike, N100			
(Street Address of I	rincipal Office)	o.		(Mailing Address)			
Miami Beach, FL 33140			Lower	Gwynedd, PA 19002		<u> </u>	
						; :5:	
. Name and street addres	s of Florida registered agent: (P.O. Box	<u>NOT</u>	acceptal	ble)	A	(3) (2)	
Name:	Corporation Service Company						
Office Address:	1201 Hays Street						
	Tallahassee			32301 , Florida			
	(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.

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 Address: _ 3921 Alton Rd #465 3921 Alton Rd. #465 Member ☐ Member Miami Beach, FL 33140 Miami Brach, FL 33140 Authorized Authorized Person Person Other Other_ Other Other__ ___ Manager Name: _____ ■ Manager Name: _____ Member 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____ 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

Typed or printed name of signee

Brian Gallagher

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Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "4201 NW 1ST, 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 "4201 NW 1ST, 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.



Jeffrey W. Buflock, Secretary of State