# Nacconst

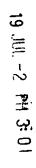
(Re	equestor's Name)	
(Ac	Idress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	<u> </u>
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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Y SCOTT
JUL 03 2019





#### Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.Incserv.com

e-mail: accounting@incserv.com

#### **ORDER FORM**

Florida Department of State
Division of Corporations, Clifton
Building
2661 Executive Center Circle

Tallahassee, FL 32301

comphelp@dos.myflorida.com

850-245-6051

FROM

Melissa Stops

mstops@incserv.com

850.656.7953

REQUEST DATE 7/2/2019

**PRIORITY** Routine

OUR REF\_# (Order\_ID#) 754386 1

ORDER ENTITY

509 COLLINS REALTY LLC

#### PLEASE PERFORM THE FOLLOWING SERVICES: 509 COLLINS REALTY LLC (FL)

File the attached foreign qualification document

NOTES:\_ . \_ . .

\$155.00 Authorized

Email address for annual report reminders: Lisa@delaneycorporate.com

#### RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Tuesday, July 02, 2019 Page 1 of 1

### 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:

509 Collins Realty 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 altern inbility Company," "L.L.C," or "LLC.")	ate name must include "Limited
Delaware 3. N/A	
(Jurisdiction under the law of which foreign limited liability (FEI number, if a company is organized)	pphcable)
4 Upon filing	<u> </u>
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	2019 Tř.L
c/o Allied Partners, 770 Lexington Avenue, 9th Floor	<u> </u>
New York, NY 10065	
(Street Address of Principal Office)	(n) -n
6, c/o Allied Partners, 770 Lexington Avenue, 9th Floor	
New York, NY 10065	( )
(Mailing Address)	01. U
7. The name, title or capacity and address of the person(s) who has/have authority Allied Partners Management LLC, Manager, c/o Allied Partners, 770 Lexington Avenue, 9th Floor, Eric Hadar, Manager of Allied Partners Management LLC, c/o Allied Partners, 770 Lexington Aver	New York, NY 10065
New York, NY 10065	
8. Attached is an original certificate of existence, no more than 90 days old, duly au having custody of records in the jurisdiction under the law of which it is organized, acceptable. If the certificate is in a foreign language, a translation of the certificate unust be submitted)  Signature of an authorized person  (In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of an aware that any false information submitted in a document to the Department of State constitutes a third degree felony as	(A photocopy is not under oath of the translator
Suzanne Napoli-Zingalis, Authorized Person	

Typed or printed name of signee

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

509 Collins Res				
<del></del> -	alty LLC			
If unavailable	;, the alternate to be u	sed in the state of Florida is:	TALLA	<u> </u>
2. The name	and the Florida street	t address of the registered agent an	F- 1	
	NRAI Services, Inc.			
		(Name)	36 RIDI	1
	1200 South Pine Isla			
	Plorida	a Street Address (P.O. Box NOT ACCEPT	ABLE)	
	Plantation	FL 33324 City/State/Zip		
Having been	named as registered o	agent and to accept service of proc gnated in this certificate, I hereby a	ess for the above stated li	mited

# Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "509 COLLINS REALTY 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 "509 COLLINS REALTY LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF JUNE, A.D. 2019.

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

FILE 1: 36

at core delaware gov/aut

Authentication: 203144061

Date: 07-02-19