

To. Page 2 of 5

7/29/2019

3239628300 From Meghan Smith

Division of Corporations

# Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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## Foreign Limited Liability Company CAPE CRA, LLC

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# **COVER LETTER**

TO:		istration Section Islon of Corporation	•				
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()() Del 15	C1.		Name of L	imited Liability Co	ompany		
The enc Existence	losed ce, ar	l "Application by Fore ad check are submitted	rign Limited Liability Compi I to register the above refere	any for Authorizati aced foreign limite	ion to Tru d liability	nsact Business in Florida," Certificate of company to transact business in Florida	
Please r	cture	all correspondence co	oncoming this matter to the f	ollowing:			
		Cheyenne Mose	ley				
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		101 N Brand Bl	vd 11th Fl	_			
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		Glendale, CA	21203				
	City/State and Zip Code						
		noah_w@zobo.co				•	
			E-mail address: (to be used	for future amual	report not	ification)	
For fix	ther i	information concerning	g this matter, please call:				
	Cì	eyenne Moseley		800 -/	773-08	88 ext. 9724	
		Name o	f Contact Person	Area Code	Day	time Telephone Number	
		AILING ADDRESS:			STREET Division	ADDRESS: of Corporations	
	Division of Corporations Registration Section				Registration Section		
	P.O. Box 6327			Clifton Building			
	Ta	liahassee, FL 32314				scutive Center Circle see, FL 32301	
Factor		a check for the follow	ing amount:	<b></b>	<b>7</b> 7 <b>A</b>	El 6140 00 Elling Eng Confidente	
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• . .

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

IN COMPILANCE WITH SECTION 606.0002, FLORIDA STATUTES, THE POLLOWING IS SUBMITTED TO RECESTER A FOREIGN LIMITED LIABILITY

APE CRA, LLC (Name of Foreign	Limited Liability Company, must include "Limited	Linbility Company, "L.L.C.," or 'L.C.")	
			<del></del>
	ame adopted for the purpose of transacting business in Flori		ty Company," "L.L.C," or "LLC.")
lassachusetts		3. 47-3491295	if applicable)
(Iuristiction under the law of wh	hich faceign limited liability company is organized)	(FEI manker,	(x schibracsione)
	(Date first transacted beamess to Flunda, if prior to r (See sections 605.0904 & 605.0905, F.S. to determine	egistration.) m penalty liability)	,
22 Bates Rd. # 304		6. 22 Bates Rd. # 304	-
(Street Address of F	Tuesquel Olier)		1)
Mashpee, MA 02649		Mashpee, MA 02649	
			1, 1 3
	Am 11 1 1 Am	NOT	1 (2)
vame and street addres	is of Florida registered agent: (P.O. Box	MO 1 acceptante)	F. 25
Name:	Noah Wiehe		
	2 0 4 1 2 2 D. H D		7.5
Office Address:	# 261, 1133 Bal Harbor Blvd, Ste 1139		in the second of
	Punta Gorda	, Florida 33950	
	(City)	(Zip code)	<del></del>
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# The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachuseus 02183

July 15, 2019

### TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of organization of a Limited Liability Company was filed in this office by

### CAPE CRA, LLC

in accordance with the provisions of Massachusetts General Laws Chapter 156C on March 10, 2015.

I further certify that said Limited Liability Company has filed all annual reports due and paid all fees with respect to such reports; that said Limited Liability Company has not filed a certificate of cancellation; that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156C, § 70 for said Limited Liability Company's dissolution; and that said Limited Liability Company is in good standing with this office.

I also certify that the names of all managers listed in the most recent filing are: NONE

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: NOAH WIEHE

The names of all persons authorized to act with respect to real property listed in the most recent filing are: NOAH WIEHE

双

Processed By:BOD

In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

Secretary of the Commonwealth

William Francis Galein