1119000001906

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							

Office Use Only



600332957536

19 AUS 13 PM 12: 56

19 和6 15 强 2: 2!

O SIMMONS AUG 1 6 2019 CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 886939 _ 5012771

authorization : Spelle

COST LIMIT : \$ 125.00

ORDER DATE : August 15, 2019

ORDER TIME : 1:32 PM

ORDER NO. : 886939-020

CUSTOMER NO: 5012771

FOREIGN FILINGS

NAME: 5500-5600 GULFBLVD.IG LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Lydia Cohen -- EXT# 62974

EXAMINER:

Registration Section

Division of Corporations

TO:

COVER LETTER

SUBJECT:	5500-5600 Gulf Bl	vd. IG LLC				
SUBJECT:		Name of	Limited Liability Company	iability Company Authorization to Transact Business in Florida," Certificate of eign limited liability company to transact business in Florida.		
Please return	all correspondence	concerning this matter to the	following:			
	Lisa Mattson					
	············	N	ame of Person			
	Access Industr	ies, Inc.				
	Firm/Company					
	40 West 57th S	Street, 28th Floor				
			Address	·		
	New York, Ne	w York 10019				
		City/S	tate and Zip Code			
	lmattson@accin	d.com				
		E-mail address: (to be used	d for future annual report no	tification)		
For further in	nformation concerning	ng this matter, please call:				
Lis	a Mattson		212 247.6400 _ at ()			
	Name (of Contact Person	Area Code Day	ytime Telephone Number		
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				
	check for the follow 125.00 Filing Fee	ving amount: ☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy		

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. 5500-5600 Gulf Blvd. Name of Foreign	IG LLC Limited Liability Company; must include "Limit	ted Liability Cor	npany," "L.L.C.," or "LLC."	')
(If name unavailable, enter alternate n	aine adopted for the purpose of transacting business in F	lorida. The alternat	e name must include "Limited Li	ability Company," "L.L.C," or "Ll.C.")
2. Delaware		2		
(Jurisdiction under the law of w	3	(FEI num	nber, if applicable)	
4. upon registration				
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	o registration.) mine penalty liabilit	у)	
5. 40 West 57th Street, 25 (Street Address of F	6. 40 West 57th Street, 28th Floor (Mailing Address)			
New York, New York 10019		New York, New York 10019 5		
				727
7. Name and street addres	ss of Florida registered agent: (P.O. Bo	x <u>NOT</u> acce	otable)	10 0 E
Name:	Corporation Service Company			型 20
Office Address:	1201 Hays Street	<u>-</u>	_	25 D
	Tallahassee		, Florida <u>32301</u>	\$ 6
	(City)		(Zip co	de)
वार्व बटटरम् सार ठिमाष्ट्रवराकाः	s of my position as registered agent. Corporation Service Company By:		Lydia Cohe	n
	(Registered agent)	s signature)	Asst. Vice Presid	iene
8. The name, title or capa Title or Capacity:	ncity and address of the person(s) who h		ority to manage is/are:	Name and Address:
Manager	Gulf Blvd Entity			
<u></u>	Manager, LLC c/o 1754 Properties LLC			
				
	1825 Main Street Weston, Florida 33326	<u> </u>		
		_		
(Use attachments if neces	sary)			
	of existence, no more than 90 days old of which it is organized. (If the certification is sufficiently of the certification is sufficiently of the certification is sufficiently of the certification			
	uted in accordance with section 605.020 the Department of State constitutes a the			
	Signatur	e of an authorized	person	
	-1 -			
	Alejandro Moreno			

Typed or printed name of signee

Page 1



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

DELAWARE, DO HEREBY CERTIFY "5500-5600 GULF BLVD. IG 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 FIFTEENTH DAY OF AUGUST, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "5500-5600 GULF BLVD. IG LLC" WAS FORMED ON THE TWELFTH DAY OF AUGUST, A.D. 2019.

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

Authentication: 203416029

Date: 08-15-19