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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: VCORP SERVICES, LLC

Account Number : 120080000067

Phone

: (845)425-0077

Fax Number

: (845)818-3588

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:		
CINATT WOOLESS!	 	

## Foreign Limited Liability Company CL Clearwater Manager LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Dr.

## 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:

	reign Limited Liability Company; m	ust include "Limited Liabili	ty Company,""L.L.C.," or	"LLC.")	
Fname unavailable, enter a ability Company," "L.L.C.	sitemate name adopted for the purpo	se of transacting business i	n Florida. The alternate na	ne_must in >>:	clnqe,
	, 0. 0.00.	_		Fi	$\Xi$
DE Jurisdiction under the law	of which foreign limited liability	3	(FEI number, if applicable	·) =	<del></del>
company is organized)	<b>.</b>			IXS.	
				- K.	U.
	(Date first transacted busin (See sections 605.0904 & 60	ness in Florida, if prior to re 5.0905, F.S. to determine p	gistration.) enalty liability)	آبيآ ت	 
One Executive Blvd;	·			二.	
				0810.	٠ <u>٠</u> .
Suffern, NY 10901				- 팅.	<u>ن</u>
	(Street Address of	Principal Office)		2.	
One Executive Blvd; S	iuite 204	<u></u>		_	
Suffern, NY 10901					
Buttern, 177 Toyor	(Mailing	(Address)	<del></del>	-	
	·		1.3		
Name and street addre	ss of Florida registered agent: (I	P.O. Box NOT acceptab	16)		
Name:	Veorp Services, LLC	<u> </u>			
066 - 441	5011 South State Road 7, Suit	e 106			
Office Address:			22214		
	Davic		Florida 33314	_	
egistered agent's accep	(City)		(Zip code)		
is application, I hereby lth the provisions of all	egistered agent and to accept se accept the appointment as regi- statutes relative to the proper a sition as registered agent.	stered agent and agree t	o act in this capacity.  i	further a	gree s
	(Reginancity and address of the person(see LLC, Manager, One Executive	s) who has/have authority			_
	acity and address of the person(s	s) who has/have authority			<del>-</del>
	acity and address of the person(s	s) who has/have authority			<del>-</del> -
	acity and address of the person(s	s) who has/have authority			<del>-</del> -
Attached is a certificate	e of existence, no more than 90 do of which it is organized. (If the	s) who has/have authority Blvd; Suite 204, Suffern	ed by the official having	custody of the cert	- - of reco
Castle Lanterra Propertie  Attached is a certificate prisdiction under the law	e of existence, no more than 90 de submitted)	s) who has/have authority Blvd; Suite 204, Suffern	ed by the official having	custody of the cert	- - of reco
Attached is a certificate risdiction under the law if the translator must be s	e of existence, no more than 90 of which it is organized. (If the submitted)	s) who has/have authority Blvd; Suite 204, Suffern lays old, duly authenticat certificate is in a foreign	ed by the official having	of the cert	ificate
Attached is a certificate risdiction under the law the translator must be s	e of existence, no more than 90 de submitted)	lays old, duly authenticat certificate is in a foreign ce of an authorized person	ed by the official having language, a translation of	of the cert — ny false in	ificate

Typed or printed name of signee

Racesa Ibrahim

## Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "CL CLEARWATER MANAGER 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 FOURTH DAY OF OCTOBER, A.D. 2019

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CL CLEARWATER OF SEPTEMBER",

MANAGER LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF SEPTEMBER,

A.D. 2019.

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

Authentication: 203731861

Date: 10-04-19