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Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : NASON, YEAGER, GERSON, WHITE & LIOCE, P.A.

Account Number : 073222003555 Phone : (561)686-3307 Fax Number : (561)290-1590

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Email Address: bmann anasony lager. Com

## Foreign Limited Liability Company

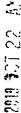
Camino 398, LLC

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## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT B

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COMPLANCE WITH SEC VARIANGEROUS AND AND ACTOR	TION 605.0902, FLORIDA STATUTES, THE ISINESS IN THE STATE OF FLORIDA:	POLLEYWING IS SOM	WILLED TO REGISTER	C S
	CHAESS IN THE STATE OF PROMISE.			길을 다
Camino 398, LLC				57 N
(Name of Foreign	Limited Liability Company; must include "Lim	ited Liability Company,	""LLC.," or "LLC.")	25.5
				EC 70
				71\
iamz unevallablo, enter altorasto ra	ame adopted for the purpose of transacting business in	Piurida. The alternate name i	must include "Limited Liabilit	ly Competity C.L.C, grat
Delaware				Sign of
		3	(I <sup>I</sup> EI number,	5r
(Jurisdiction under the law of wi	isch foreign limited liability company is organized)		(1,121 unimpes)	11 appircaouj)
	(Date first transacted business in Florida, if prior	to registration.)		<del></del>
	(See sections 605.0904 & 605.0905, P.S. to dete	rmine penalty intenty)		
604 Banyan Trail, #812691			yan Trail, #812691	
(Street Address of F	history Office)	6	(Mailing Address	i)
(Dillyon / Purp vis or 1	, and a second		, ,	
Boca Raton, FL 33481		Boca Rat	ton, F1.33481	•
	<del></del> _			
Name and street address	is of Florida registered agent: (P.O. B	ox <u>NOT</u> acceptable	;)	
Name:	Brian Hickey, Esq.			
	7001 PG4 PL 1 G 's 205			
Office Address:	3001 PGA Blvd., Suite 305			
CHILCO FIGURESO.				
	Palm Beach Gardens	_	33410	
		, F	Torida(Zip code)	_ <del>_</del>
	(City)		(zip com)	
egistered agent's accep	tampa:			
ogisteren ngent s'accep avina been named as ra	gistered agent and to accept service of	of process for the al	ove stated limited li	ability company at t
sienated in this applica	tion, I hereby accept the appointmen	t as registered agen	t and agree to act in	this capacity. I fur
comply with the provisi	ions of all statutes relative to the prop	er and complete pe	rformance of my du	ities, and I am famil
nd accept the obligation.	s of my position as registered at ent.	_		
-	V <del></del>	-		
	(Negistored ages	(denente)	<del></del>	
	("P" and again	<del></del>		

Name and Address:	Title or Capacity:		Name and Ade
Name: FLDE Manager LLC	Manager	Name: _	C 8
Address: 604 Banyan Trail, #812691	Member	Address:	22
Boca Raton, FL 33481	Authorized		Ero P
	Person		Right St.
Other	Other		Other
Name:	Manager	Name: _	
Address:	☐ Member	Address:	
	☐ Authorized		
	Person		
Other	Other		Other
Name:	Manager	Name:	
Address:	☐ Member	Address:	
	Authorized		·- <u>-</u>
	Person		
Other	Other		Other
	Boca Raton, FL 33481  Other  Name:  Address:  Address:  Address:	Boca Raton, FL 33481	Boca Raton, FL 33481  Person  Other

## Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CAMINO 398, 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, THE TWENTY-FIRST DAY OF OCTOBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CAMINO 398" WAS FORMED ON THE TENTH DAY OF OCTOBER, A.D. 2019.

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

7650783 8300 You may verify this cortificate online at corp.dolaware.gov/authver.shtml Authentication: 203835736

Date: 10-21-19

SR# 20197651170