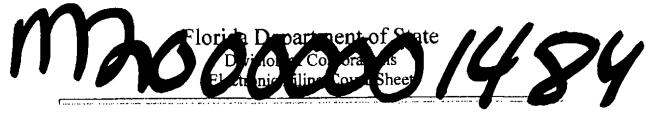


Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : DIVERSIFIED CORPORATE SERVICES INT'L, INC.

Account Number : I20090000024 : (518)229-8228 Phone : (302)371-9850 Fax Number

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

Foreign Limited Liability Company ND REALTY PARTNERS, LLC

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

	ND REALTY PAI	RTNERS.	LLC	
(Name of Foreign L	amited Liability Company, must include "Limite			
	·			
gurveilable, epter electrate to	are adopted for the purpose of treasurating business in F	Pioride. The e	terrate name amet include "Limited Liebii	by Company," "L.L.C," or
DELAW			APPLIED FOR	
selection stades the law of wit	not foreign limited liability company is organized)	3.	(FEI sumber,	if applicable)
	UPON FILING		·	
	(Date first transacted business in Floride, if prior to (See sections 503,0904 & 605,0905, F.S. to determ	o registration. mine prosity (sability)	
01 19TH PLACE, ST	UITE A-400			
Advess of Prescipal Office)		0	(Mailing Address)	***
			SAME	
		-		
ERO BEACH, FL 32	2960			55
		•		020
me and street addres	g of Florida registered agent: (P.O. Bo	x <u>NOT</u> s	oceptable)	
Name:	DAVID LYONS			
Neile:				
Office Address:	1201 19TH PLACE, SUITE A-400			- Ş
	VERO BÉACH		32960	÷ &
	(Civ)		, Florida	
	(Cuy)		,,	

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 For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: 				
Title or Capacity:	Name and Address:	Title or Canacity:	Name and Address:	
	DAVID LYONS	Mame:		

ALBY MARKET	•		
☐ Manager	Name: DAVID LYONS		Name:
□Member	Address: 1201 19TH PLACE		Address:
■ Authorized	SUITE A-400		
Person	VERO BEACH, FL 32960	Person	
Other	Other	Other	□Other
□Manager	Name:		Name:
□Member	Address:		Address:
☐ Authorized		Authorized	
Person		Person	
Other		Other	Other
Manager	Name:	Manager	Name:
☐ Member	Address:		Address:
. [] Authorized		Authorized	
Person		n	
Other	□Other	***	Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

- 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)
- 10. This document is executed in accordance with section 605.0203 (1) (b), Plorida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, P.S.

/S/ DAVID LYONS	
Signature of an authorised purson:	
DAVID LYONS	
Typus or printed pame of eignee	(((H20000042944 3)))

Delaware The First State

(((H20000042944 3)))

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ND REALTY PARTNERS, 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 SIXTH DAY OF FEBRUARY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NO REALTY PARTNERS, LLC" WAS FORMED ON THE FIFTH DAY OF FEBRUARY, A.D. 2020.

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

7836983 8300

SR# 20200866394

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202335020

Date: 02-06-20

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