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## Foreign Limited Liability Company 650 NE 32ND ST UNIT 3108 LLC

Certificate of Status	0
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From: Kimberly Laughrey

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS. \*\*

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IN SUBMITTED TO REGISTER A FOREIGN TIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:  $_{
m L}$  650 NE 32ND ST ENYT 3108 LLC (Name of Foreign Limited Gability Company; must include "Limited Liability Company," "LT, C, " or "LT, C,") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.E.C," or "LLC." or 2. Delaware FEI number, if applicables (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if poor to registration.) (See sections 625,098) 1-26,005 (6905, F.S. &) determine penalty liability.) 6. 16901 COLLINS AVENUE APT 805 16901 COLLINS AVENUE APT 805 SUNNY ISLES BEACH, FL 33160 (Mailing Address) «Street Andreas of Principal Office) SUNNY ISLES BEACH, FL 33160 7. Name and street address of Florida registered agent. (P.O. Box. NOT acceptable) C T Corporation System Name: 1200 South Pine Island Road Office Address: \_ , Florida <u>33324</u> Plantation Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with Kimberly Laughrey, and accept the obligations of my position as registered agent. C T Corporation System By (Registered agent's steatable) 8. The name, title or capacity and address of the person(s) who has have authority to manage is/are: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Suzanne L. Saxman Manager co Seyfaith Shaw LLP 233 S. Wacker Drive, Suite 8000 Chicago, Illinois 60606 (Use attachments if necessary) 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 eath of the translator must be submitted) 10. This document is executed in accordance with section 605-0203 (1) (b), Florida 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, F.S. /s/Suzanne L. Saxman Signature of an authorized person

Typed re-printed name of signed

2020-12-04 10:10:23 CST

Suzanne L. Saxman

Tc: 18506176383



Page 1

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

DELAWARE, DO HEREBY CERTIFY "650 NE 32ND ST UNIT 3108 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 TWENTY-FIFTH DAY OF NOVEMBER, A.D. 2020.

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

e at coro delaware gov/aut

Authentication: 204166334

Date: 11-25-20