Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H210002641313)))



H210002641313ABCU

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053

Phone

: (561)694-8107

Fax Number

: (561)214-8442

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

[mail	Address:	
cinatr	Maniess:	

## Foreign Limited Liability Company 432 Palm Beach Lakes Blvd LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

Help

## 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: 27 Dalas Danah Lukas Divid I LC

(Name of Foreign 1	Limited Liability Company, must include "Limited	Liability	Company," "L.L.C.," or "LLC.")		
(If name unavailable, enter alternate re	anic adopted for the purpose of transacting business in Flo	orids. The	akernate name must include "Limited Liability	· Company," "L.L.C," or "LL.C.	.~)
Delaware	nich foreign limited liability company is organized)		(FEI number, if a		
4	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determi	registration inc penalty	i.) Išabėlity į	~	
801 US Highway I			801 US Highway 1		
5. (Street Address of Principal Office)		v.	(Mailing Address)		
North Palm Beach, FL	33408		North Palm Beach, FL 33408	2021 JUL -	
				JUL -	جمعه ۱۰ و م کل
					.1 <b>%.T</b> } 
7. Name and street addres	ss of Florida registered agent: (P.O. Box	NOT_	acceptable)	PH 4: 2	ا الله موران موران
Name:	Corporate Creations Network Inc.			29	
Office Address:	801 US Highway I				
	North Palm Beach		33408 , Florida		
	(City)		(Zip code)		

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 and accept the obligations of my position as registered agent.

> Caitlin Lazarus, Special Secretary /s/ Caitlin Lazarus

(Registered agent's signature)

8. 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 Capacity	<u>/:</u>	Name and Address:
■Manager	Name: NORA Holdings LLC	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized	North Palm Beach, FL 33408	□Authorized		
Person		Person		1.000
Other	Other	□Other	<del></del>	Oother 2
□Manager	Name:	□Manager	Name:	——————————————————————————————————————
□Member	Address:	□Member		F
□Authorized		☐Authorized	<u> </u>	3 3 3 B
Person		Person		
Other	□Other	□Other	<del></del>	□Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		Authorized		
Person		Person		
□Other	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), 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/ Caitlin Lazarus	<u></u>
	Signature of an authorized person
Caitlin Lazarus, Attorney-in-	Fact
	Typed or printed name of signee

## Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "432 PALM BEACH LAKES BLVD LLC" IS DULY

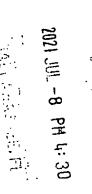
FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE EIGHTH DAY OF JULY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "432 PALM BEACH LAKES BLVD LLC" WAS FORMED ON THE EIGHTH DAY OF JULY, A.D. 2021.

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



and corn delaware gov/aut

6066677 8300

Authentication: 203627425

Date: 07-08-21