

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.

(((H21000318558 3)))



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 : 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:____

Foreign Limited Liability Company 1350 Lee Blvd I LLC

AM 11: 39	J. P.L. OPHDA
A UG 25	AHASSEF

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

Electronic Filing Menu — Corporate Filing Menu

Help



DocuSign Envelope ID: 696F1716-5FCA-4083-809A-736839BC8FEF

'a: -18506176383

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

IN COMPLANCE BITTLESECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TIMITED LIABILITY COMPANY TO TRANSACT BUSINESS. IN THE STATE OF FLORIDA:

name unavailable, enter alternate n	ame adopted for the perpose of transacting business in Flo	rida. The alternate	ename must include "Limited List	oility Company," "U.L.C," or "U.C.")
Delaware		3	(FEI numb	
(Jurisdiction under the law of wh	uch foreign limited liability company is organized)	 -	dmun (3 4)	er, it applicable)
	(Date first transacted business in Florida, if prior to (See sections 605,0004, & 605,0005, F.S., to determi			
62-13 San Michel Way	Y	6. <u>62</u> -	13 San Michel Way (Mailing Addi	· · · · · · · · · · · · · · · · · · ·
Delay Beach, FL 3348			ay Beach, FL 33484	
Name and street addres	ss of Florida registered agent: (P.O. Box Veorp Services, LLC	. <u>NOT</u> acce	otable)	
Office Address:	5011 South State Road 7, Suite 106			
	Davie		Florida 33314 (Zip cod	
	(Cuv)		(Zin and	
aving been named as re signated in this applica comply with the provis	•	is registered and comple	the above stated limited agent and agree to act the performance of my	liability company at the pla in this capacity. I further a
signated in this application comply with the provise	tance: egistered agent and to accept service of p tion, I hereby accept the appointment a ions of all statutes relative to the proper	is registered and comple	the above stated limited agent and agree to act	liability company at the pla in this capacity. I further a duties, and I am familiar wi
aving been named as resignated in this application comply with the provised accept the obligation	Nance: Project the end of the end	is registered and comple signature)	the above stated limited agent and agree to act the performance of my	liability company at the pla in this capacity. I further a
aving been named as resignated in this application comply with the provision accept the obligation. The name, title or cap	ctance: registered agent and to accept service of pation, I hereby accept the appointment ations of all statutes relative to the proper s of my position as registered agent. (Registered agent's active and address of the person(s) who have	is registered and comple signature)	the above stated limited agent and agree to act etc performance of my of the performance of my of the performance is/are;	liability company at the pla in this capacity. I further a duties, and I am familiar wi
aving been named as resignated in this application comply with the provising accept the obligation. The name, title or capacity:	ctance: registered agent and to accept service of pation, I hereby accept the appointment actions of all statutes relative to the proper s of my position as registered agent. (Registered agent's active and address of the person(s) who have and Address:	is registered and comple signature)	the above stated limited agent and agree to act etc performance of my of the performance of my of the performance is/are;	liability company at the pla in this capacity. I further a duties, and I am familiar wi
aving been named as resignated in this application comply with the provising accept the obligation. The name, title or capacity:	otance: registered agent and to accept service of pation, I hereby accept the appointment accept so full statutes relative to the proper so full statutes registered agent. Registered agent's accity and address of the person(s) who have a Name and Address: Jacob Azoulay 62-13 San Michel Way	is registered and comple signature)	the above stated limited agent and agree to act etc performance of my of the performance of my of the performance is/are;	liability company at the pla in this capacity. I further a duties, and I am familiar wi
aving been named as resignated in this applicated in this application and accept the obligation. The name, title or caparity: Manager	otance: The engistered agent and to accept service of pation, I hereby accept the appointment accept so of all statutes relative to the proper is of my position as registered agent. (Registered agent statistics and address of the person(s) who have a notation and Address: Jacob Azoulay	is registered and comple signature)	the above stated limited agent and agree to act etc performance of my of the performance of my of the performance is/are;	liability company at the plain this capacity. I further a duties, and I am familiar with the plain of the plain in this capacity.
aving been named as resignated in this application comply with the provising accept the obligation. The name, title or capacity:	otance: The engistered agent and to accept service of pation, I hereby accept the appointment accept so of all statutes relative to the proper is of my position as registered agent. (Registered agent statistics and address of the person(s) who have a notation and Address: Jacob Azoulay	is registered and comple signature)	the above stated limited agent and agree to act etc performance of my of the performance of my of the performance is/are;	liability company at the plain this capacity. I further a duties, and I am familiar w
aving been named as resignated in this applicated in this application and accept the obligation. The name, title or caparities or Caparity: Manager Use attachments if necessatiched is a certificate	otance: registered agent and to accept service of pation, I hereby accept the appointment accept so of all statutes relative to the proper is of my position as registered agent. Registered agent is accity and address of the person(s) who have a lacety and address of the person(s) who have a lacety and address: Jacob Azoulay 62-13 San Michel Way Delray Beach, FL 33484	signature) as/have auth Title o	the above stated limited agent and agree to act the performance of my of the performance of the perform	liability company at the plain this capacity. I further a duties, and I am familiar we have a duties and Address:

Typed or printed name of signee

Page: 3 of 3



Page 1

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

DELAWARE, DO HEREBY CERTIFY "1350 LEE BLVD I 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-FOURTH DAY OF AUGUST, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "1350 LEE BLVD I LLC" WAS FORMED ON THE EIGHTEENTH DAY OF AUGUST, A.D. 2021.

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



Authentication: 203996939

Date: 08-24-21