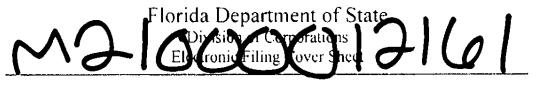
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Division of Corporations



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Foreign Limited Liability Company 345 WEST DUVAL LLC

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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: 345 WEST DUVAL LLC [Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC."] (If name unavailable, enter afternate name adopted for the purpose of transacting business in Florida. The alternate name raist include "Limited Liability Company," "L.L.C," or "LLC.") Delaware (Introduction under the faw of which foreign limited liability company is organized) (Date first transacted business in Florida, If prior to registration.)
(See sections 605.0904 & 605.0905, P.S. to determine penalty liability) Browning, NT-08876 have City, FL 32055 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) NRAI Services, Inc. Name: 1200 South Pine Island Road Office Address: 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 and accept the obligations of my position as registered agent.

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:	Name and Address:
⊠Manager	Name: Zuhaib Ibrahim	□Manager	Name: Scrah Nace
☐ Member	Address: 1 Meadow View Ct.	⊠Member	Address: 1 Headows View Ct.
☐ Authorized	Drawing, NJ 08874	☐ Authorized	Branchburg, No. 0887ce
Person		Person	
□Other	Other	□Other	□Other
□Manager	Namo: <u>himberly Wright</u>	□Manager	Name:
□Member	Address: 120 Procedury 28th Floor	□Member	Address:
⊠ Authorized	New York, 44 10271	□Authorized	
Person		Person	
□Otiher	□Other	□Other	□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,

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 follow as provided for in s. 217.155	FS

Signature of an authorized person

Mimbelly Whight

Typed or printed name of signee

^{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)



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

DELAWARE, DO HEREBY CERTIFY "345 WEST DUVAL 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 THIRTEENTH DAY OF SEPTEMBER, A.D. 2021.

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

Authentication: 204141568

Date: 09-13-21