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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name ; C T CORPORATION SYSTEM

Phone : (954)208-0845

Fax Number : (614)573-3996

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

Email 444-

Email	Address:					
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## Foreign Limited Liability Company 2599 NW 49TH ST, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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Corporate Filing Menu

Help

	SINESS INTHE STATE OF FLORIDA:					
1. 2599 NW 49TH ST, L		77-510	- av wall C nor of C th			
(Name of Foreign	Limited Liability Company; must include "Limited	. главниу Соп	рипу, тако, от саса ј			
(If name unavailable, enter alternate	name adopted for the purpose of transacting business in Flo	onda. The alterna	te name must include "Limited Liability	Company," "L.L.	3." or "LL	.C."}
Delaware		2				
2. (Jurisdiction under the law of w	hich foreign limited liability company is organized)	٥	(FEI number, if a	ipplicable)		
4						
4.	(Date first transacted business in Florida, if prior to a (See sections 605.0904 & 605.0905, F.S. to determine	egistration.)	y)	-		
0.410.00 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			•			
8419 Twin Lake Drive 5	· · · · · · · · · · · · · · · · · · ·	6	(Mailing Address)			
(Street Address of Principal Office)			(Mailing Address)			
Boca Raton, FL 33496				_	~1	
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			<del></del>		_ <u></u>	Mary Section
0 N	an of Placida resistand spent: (B.O. Box	NCYT second	anhle)	1.1.1	:	ž ********
7. Name and street addres	ss of Florida registered agent: (P.O. Box	MOT accel	dioic)		-	الماسا
				\$ 15 P	×	المسعدة 1
Name:	C T Corporation System				PH 4: 42	
rune.			<del>_</del>		£	
Office Address:	1200 South Pine Island Road			17,1	10	
Office fideloss.		· · · · ·				
	Plantation		33324 , Florida			
	(City)		(Zip code)			
Registered agent's accep	stance:					
Having heen named as re	egistered agent and to accept service of p	rocess for to	he above stated limited liab	ility company	at the	place
designated in this applica	ntion, I hereby accept the appointment a ions of all statutes relative to the proper	registered and comple	agent and agree to act in th te performance of my dutic	is capacity. I s. and I am f	i jurine amiliar	r agrec with
	ions of au statutes retaine to the proper is of my position as registered agent.	compie		-,		
- "	C T Corporation System	0 00				
1		e Bell	Denise Bell, Assistant Secr	etary <del>-</del>		
	(Registered agent's	ignature)				

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	1	Name and Address:
<b>™</b> Manager	Name: Eugene Tablis	□Manager	Name:	
□Member	Address: 8419 Twin Lake Drive	□Member	Address:	
□ Authoriz <b>c</b> d	Boca Raton, FL 33496	□Authorized		
Person		Person		
Other	Other	Other	<del></del>	□Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Meinber	Address:	
□Authorized		□Authorized		
Person		Person		
□Other	Other	□Other		Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	· · · · · · · · · · · · · · · · · · ·
□Authorized		□Authorized	<del></del>	
Person		Person	<del></del>	
□Other	Other	□Other		Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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.

> Signature of an authorized person Actorial Representative Authorized Representative



Page 1

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

DELAWARE, DO HEREBY CERTIFY "2599 NW 49TH ST, 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 THIRTY-FIRST DAY OF MAY, A.D. 2022.

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

Authentication: 203559844

Date: 05-31-22