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.

(((H23000148252 3)))



H230001482523ABC

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : VCORP SERVICES, LLC

Account Number : I20080000067 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 3S 269 NW 12th St., LLC

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Help

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

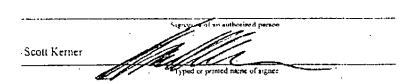
39 360 MW 12th St. 11	SINESS IN THE STATE OF FLORIDA:				
(Name of Foreign	Limited Liability Company, most include "Limited	Liability Com	pany, ""I.T.C.," or "I.T.C.")		
name unavailable, enter alternate a	ame adopted for the purpose of transacting husiness in Plo	nda The alternal	e name must include "Lamited Liability (Company," "E, E, C, " or "EL C,")	
Delaware		92-3	3620519	·	
(Imisciction under the law of w	nich foreign innited liability company is organized)	٠٠. ــــــ	(FFI number, if ap	plicable)	
	(Oate first transacted business in Florida, if prior to 1 (See sections 604 0984 & 605,0905, F.S. to determin	ershation)	····		
	(See sections 604 0984 & 605,0905, F.S. to determin	e penaliv lubila	7)		
16 Weston Road		16 Weston Road			
en Address of Principal Office)		"· 	(Mailing Address)		
Westport, CT 06880	•	Wes	Westport, CT 06880		
			 		
Name and street address Name:	Veorp Agent Services, Inc.	NOT accep	—	2023	
Office Address:	1200 South Pine Island Road		_		
	Plantation		33324 . Florida	2023 APR 20 AM 10	
	(City)		(Lip code)		
signated in this applica comply with the provisi	gistered agent and to accept service of p tion. I hereby accept the appointment as ions of all statutes relative to the proper s of my position as registered agent.	registered	agent and agree to act in thi	lity company at the places capacity =1-further as	
*.	Gega-color T			_	
	(Registered agent's s	ignaturė)			

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: Scott Kerner	. □N1anager	Name: 3S Investments, LLC
□Member	Address:	∭Member	Address: 16 Weston Road
□Authorized	Westport, CT 06880	∴ □Authorized	Westport, CT 06880
Person		Person	
Other	·	Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Momber	Address:
☐ Authorized		☐Authorized	
Person		Person	
Other	□ Other	[]Other	COther_
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		C IAuthorized	
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. 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 \$.817.155, F.S.





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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "3S 269 NW 12TH 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 TWENTIETH DAY OF APRIL, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "3S 269 NW 12TH ST., LLC" WAS FORMED ON THE EIGHTEENTH DAY OF APRIL, A.D. 2023.

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

