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.

(((H14000151815 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL

Account Number : 110432003053

Phone Fax Number

: (561)694-8107 : (561)694-1639

\*\*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 Miami Gardens Drive, LLC

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

Electronic Filing Menu

Corporate Filing Menu

J. BRUCE

26

### 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:

f name is unavailable, enter alternate name adopted for one of the written consent of the managers or managin oust include "Limited Liability Company," "LLC," or "	ig member adoptii	ansacting business in Florida and an die alternate name. The altern	attach a ate name
elaware	3.		
risdiction under the law of which foreign nited liability company is organized)		(FEI Number if applicable	)
ugust 15, 2013	5.	perpetual	
(Date of Organization)		(Duration: Year Limited Liability will cease to exist or "perpetua!")	
upon filing of this application			
(Date first transacted bu	seiness in Florida.	if prior to registration.)	
10450 State Road 84	<u> </u>		
Davie, FL 33324			
(Prin	cipal Office Addr	C55)	
10450 State Road 84			*** D
Davie, FL 33324			
	Mailing Address)		DON C
f limited liability company is manager-manag	ged company,	olick here 🔀	
he name, title or capacity and address of the	person(s) who	has/have authority to manag	
			ည်းမှု

10. Attached is an original 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 (a photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida:

All Lawful Purposes

Signature of a member or an authorized representative of a member. (in accordance with section 605.0203(3), F.S., the execution of this document constitutes an affirmation under the penaltics of perjury that the facts stated herein are true)

Robert Miller

by Lauren Vadney as attorney-in-fact

Typed or printed name of signee

2014 JUN 24 AM 10: 56

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name	of the Limited Liability (	Company is:
Miami Garder	ns Orive, LLC	
If unavailable	e, the alternate to be used	in the state of Florida is:
2. The name	and the Florida street add	dress of the registered agent and office are:
	Jose Luis Machado, I	Esq.
		(Name)
	8500 SW 8th St., Ste	e. 238
	Florida Stre	eet Address (P.O. Box NOT ACCEPTABLE)
	Mlami	FL, 33144
		City/State/Zip
liability comp registered ag- statutes relati	nany at the place designate ent and agree to act in this ing to the proper and comp ligations of my position as	at and to accept service of process for the above stated limited ed in this certificate, I hereby accept the appointment as is capacity. I further agree to comply with the provisions of all plete performance of my duties, and I am familiar with and s registered agent as provided for in Chapter 605, Florida.  Machado, Esq. by Lauren Vadney as attorney-in-fit (Signature)
		(Signature)
		00.00 Filing Fee for Application

\$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

# Delaware

PACE

### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "MIAMI GARDENS DRIVE, 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 JUNE, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MIAMI GARDENS DRIVE, LLC" WAS FORMED ON THE FIFTEENTH DAY OF AUGUST, A.D. 2013.

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

2014 JUN 24 AM IO: 56

5384038 8300

140878222

You may verify this certificate online at corp. delaware, gov/authver, shtml

Jeffrey W. Bullock, Secretary of St. AUTHENTY CATION: 1482365

DATE: 06-24-14