### Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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.

(((H14000186433 3)))



Ht 40001864333ABC

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)818-3586

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

Email Address: Statenotices every Services. Com

MECHINES

4 AUG -7 AM IQ: 23

ISION OF COPPORATIONS
UREAU OF COMMERCIAL
NFORMATION SERVICES

## Foreign Limited Liability Company LVP HMI Ft. Myers LLC

Certificate of Status	0		
Certified Copy	0		
Page Count	03		
Estimated Charge	\$125.00		

2014 AUG - 7 A 8: 46
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

B. BOSTICK

1 M. Oaker

08-07-14;10:23AM; ;845-818-3588 # 3/ 5

## 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:

1 LVP HMI Ft. Myers LLC	, 2, 1112 33112 31 22 3
(Name of Foreign Limited Liability Company; must include "Limited	Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting but Liability Company," "L.L.C," or "LLC.")	isiness in Florida. The alternate name must include "Limited
<sub>2.</sub> Delaware 3 3.	
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, il applicable)
4,	
(Dute first transacted business in Florida, if p (See sections 605,0904 & 605,0905, F.S. to dete	rior to registration.) rmine penulty liability)
<sub>s.</sub> 1985 Cedar Bridge Ave. Suite 1 Attn: Leg	al Dept. Lakewood, NJ 08701
(Street Address of Principa	
<sub>6.</sub> 1985 Cedar Bridge Ave. Suite 1 Attn: Leg	al Dept. Lakewood; NJ 08701
	7577 >> 11
(Mailing Address)	
7. The name, title or capacity and address of the person(s) wh	o has/have authority to manage is/are:
LVP HMI FT. MYERS HOLDINGS LLC,	
1985 Cedar Bridge Ave. Suite 1 Attn: Lega	Dept. Lakewood 143 00701
8. Attached is an original certificate of existence, no more than having custody of records in the jurisdiction under the law of y acceptable. If the certificate is in a foreign language, a translation of the law of y acceptable and the customer is a submitted.	which it is organized. (A photocopy is not
Signature of an authori an accordance with section 605.0203, F.S., the execution of this document constitutes an affirm aware that any false information submitted in a document to the Department of State cons	irmation under the penaltics of perjury that the facts stated herein are tre
Juliette Nelson	·
Typed or printed name o	f signce

## 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.

l.	The	name	of the	Limited	Liability	Company	is:
----	-----	------	--------	---------	-----------	---------	-----

#### LVP HMI Ft. Myers LLC

If unavailable, the alternate to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

Vcor	o Services, LLC	至沒	2814	
	(Name)	7-74	BU.	
5011	South State Road 7, Suite 10	)6일본	ر <sub>ا</sub> ا	Carried
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	ma.	$\triangleright$	¥ 1 1
Davie	FL 33314	STAT STAT	<b>€</b>	ت
	City/State/Zip	المالات مالالا		

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes.

(Signature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30,00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

# Delaware

PAGE 1

#### The First State

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

DELAWARE, DO HEREBY CERTIFY "LVP HMI FT. MYERS 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 JULY, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LVP HMI FT.

MYERS LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF JULY, A.D.

2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

2014 AUG -7 A 8: 47
SECRETERY OF STATE

5576994 8300

141009254

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

Jeffrey W. Ballock, Secretary of St

DATE: 07-31-14



August 7, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

VCORP SERVICES, LLC

SUBJECT: LVP HMI FT. MYERS LLC

REF: W14000048285

We have received your electronically transmitted document. However, the document was submitted under the wrong electronic filing type and cannot be processed by this office.

To proceed, you must abandon this filing and resubmit your filing under the appropriate electronic filing type.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick Regulatory Specialist II FAX Aud. #: H14000185551 Letter Number: 814A00016930

RECEIVED

14 AUG -7 AM 10: 22

DIVISION OF COMPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

SECRETARY OF STATE A