

M14000007410

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

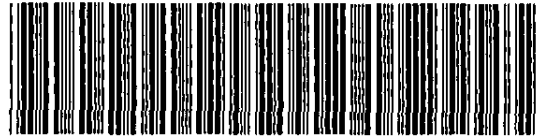
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600264872436

10/14/14--01001--006 \*\*130.00

RECEIVED  
DEPARTMENT OF STATE  
BUREAU OF CORPORATIONS  
2014 OCT 13 PM 4:38  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE  
OFFICE OF FILING

FILED  
14 OCT 13 PM 4:38  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

CORPDIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

## FILING COVER SHEET

ACCT. #FCA-23

CONTACT: SAVANNAH DEBOER

DATE: 10/13/2014

REF. #: 9310309.6849236

CORP. NAME: VILLAGE SHOPPES OF LITTLE HAVANA, LLC

ARTICLES OF INCORPORATION     ARTICLES OF AMENDMENT     ARTICLES OF DISSOLUTION

ANNUAL REPORT     TRADEMARK/SERVICE MARK     FICTITIOUS NAME

FOREIGN QUALIFICATION     LIMITED PARTNERSHIP     LIMITED LIABILITY

REINSTATEMENT     MERGER     WITHDRAWAL

CERTIFICATE OF CANCELLATION

OTHER:

STATE FEES PREPAID WITH CHECK # 70026853 FOR \$ 130.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

\_\_\_\_\_ COST LIMIT: \$ \_\_\_\_\_

PLEASE RETURN:

CERTIFIED COPY

CERTIFICATE OF GOOD STANDING

PLAIN STAMPED COPY

CERTIFICATE OF STATUS

Examiner's Initials

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Village Shoppes of Little Havana, LLC  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

William O. Fuller & Martin A. Pinilla, II

Name of Person

Firm Company

1637 SW 8th Street, Suite 200

Address

Miami, FL 33135

City/State and Zip Code

martin@barlingtongroup.com

E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Martin A. Pinilla, II

Name of Contact Person

305

Area Code

407-1677

Daytime Telephone Number

**MAILING ADDRESS:**  
Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Division of Corporations  
Registration Section  
Citron Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

\$125.00 Filing Fee

\$130.00 Filing Fee &  
Certificate of Status

\$155.00 Filing Fee &  
Certified Copy

\$160.00 Filing Fee, Certificate  
of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A  
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. Village Shoppes of Little Havana, LLC  
(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 business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware  
(Jurisdiction under the law of which foreign limited liability company is organized) 3. (FIC number, if applicable)

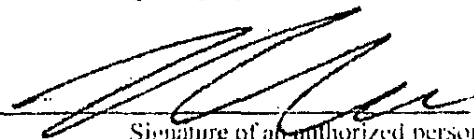
4. (Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1637 SW 8th Street, Suite 200  
Miami, FL 33135  
(Street Address of Principal Office)

6. 1637 SW 8th Street, Suite 200  
Miami, FL 33135  
(Mailing Address)

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  
William O. Fuller (Manager) & Martin A. Pinilla, II (Manager)  
1637 SW 8th Street, Suite 200  
Miami, FL 33135

8. 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)

  
Signature of an authorized person

In accordance with section 605 (20), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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. 817.55, F.S.

Martin A. Pinilla, II  
Typed or printed name of signee

14 OCT 13 PM 4:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
FILED

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (f)(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:

Village Shoppes of Little Havana, 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:

Martin A. Pinilla, II

(Name)

1637 SW 8th Street, Suite 200

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Miami

33135

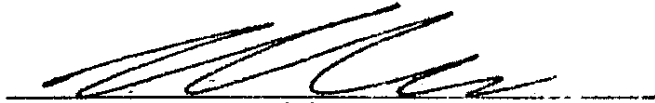
City, State, Zip

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14 OCT 13 PM 4:45

FILED

*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 "VILLAGE SHOPPES OF LITTLE HAVANA, 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 OCTOBER, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VILLAGE SHOPPES OF LITTLE HAVANA, LLC" WAS FORMED ON THE EIGHTH DAY OF OCTOBER, A.D. 2014.

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

FILED  
14 OCT 13 PM 4:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

5617386 8300

141286677



You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 1775317

DATE: 10-13-14