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Cleenonic Limiz Men

AP-PLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORID (

IN CHAMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FUREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
17700 Collins Avenue Manager, LLC
Overne of Foreign Limited Liability Company; must include "Limited Liability Company," "I LC " or "I LC"

Liabi-lity Company," "L.L.C	lieruate name adopted for the purpose of trans	acting business to Florida. The alternate n	ame must include "Limited
2. Delaware			
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable	e)
V-Skiphary is transmitted			
*	(Date first transacted business in Flo (See sections 605.0904 & 605.0905, F.,	ride, if prior to registration.)	
1 065 Kane Concourse	-	5. to determine peakly habitity)	
1000 terus component			
B ay Harbor Islands, Fl			
10/675 Campanian	(Street Address of Principal	Office)	
1065 Kane Concourse,	Suite 201		- -
Bay Harbor Islands, FI	L 33154		•
	(Mailing Address)		-
. Name and street addres	ss of Florida registered agent: (P.O. Box	NOT acceptable)	
Name:	Robert Finvarb		三型のプロ
	1065 Kane Concourse, Suite 201		
Office Address:			
	Bay Harbor Islands	, Florida 33154	_ 三次 至 四
	(City)	(Zip code)	95 6
		na care for the charge stated the day that	医耳 坐。
laving been named as re esignated in this applica o complywith the provisi	tance: gistered agent and to accept service of p. tion, I hereby accept the appointment as ons of all statutes relative to the proper-a my position as registered agent.	registered agent and agree to act in to	bility company Methe place his capacity. I further agre
laving been named as re esignated in this applica o complywith the provisi	gistered agent and to accept service of p tion, I hereby accept the appointment as ons of all statutes relative to the proper-a	registared agent and agree to act in to and complete performance of my dutie	bility company Methe place his capacity. I further agre
laving been named as re esignated in this applica o complywith the provision occept the obligations of the the name, title or capa	gistered agent and to accept service of pition, I hereby accept the appointment as one of all statutes relative to the proper any position as registered agent.	registered agent and agree to act in to the Complete performance of my dusto t's signature)	bility company Methe place his capacity. I further agre
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Typed or printed name of signer

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "17700 COLLINS AVENUE MANAGER, 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 FOURTH DAY OF FEBRUARY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "17700 COLLINS AVENUE MANAGER, LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF JUNE, A.D. 2014.

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

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at corp.delaware.gov/authw

Authentication: 201778502

Date: 02-04-16