Division of Corporations

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.

(((H17000251543 3)))



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 : (\$50)617-6383

From:

Account Name : TRIPP SCOTT, P.A.

Account Number : 075350000065

Phone : (954)525-7500 Fax Number : (954)761-8475

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

Email Address: ____mmm@trippscott.com

Foreign Limited Liability Company 1612 WEST LAKE DRIVE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

D. SCOTT

SEP 2 6 2017

1117000251543

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

IN COMPLIANCE WITH SECTION 605/002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(December 1) Compared to the provision of the properties of processing before a surface the provision of all statutes relative to the proper and complete performance of my duties, and I am familiar will not occupied the obligations of my position as registered agent. (Use attachments if necessary) 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official liaving custody of records in the translator must be submitted) (Use attachments if necessary) (Use attachments if necessary) 10. This document is executed in accordance with section (St. O203 (1) (b), Florida Statutes. I am avaire that any false information submitted in a document to the proportions of the perintendent of the perintendent is necessary) (Use attachments if necessary) (Use attachments if necessary) 10. This document is executed in accordance with section (St. O203 (1) (b), Florida Statutes. I am avaire that any false information submitted in a document to the perparament of State constitutes a trire depreted as perintendent on the perintendent of the certificate and succession of the perintendent of the certificate and succession of the certificate and the submitted)						
(But heat the action of which longs lineed liability coments in Provided (Space to green annow) (See scribins CS) 07002 & 603 0701, E.J. to describe the librory See scribins CS) 07002 & 603 0701, E.J. to describe the librory See scribins CS) 07002 & 603 0701, E.J. to describe the librory See scribins CS) 07002 & 603 0701, E.J. to describe the librory Fort Lauderdale, FL 33316 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Tanya L. Bower, Esq. c/o Tripp Scott, P.A. Office Address: 110 SE 6th Street, 15th Floor Fort Lauderdale (Cop) Fort Lauderdale (Cop) Fort Lauderdale (Cop) Fort Lauderdale (Cop) Registered agent's acceptance: Having been named as registered agent and to accept the appointment as registered agent and agree to act in this capacity: I further age to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address: Tanya L. Bower 110 SE 6th Street, 15th Floor Fort Lauderdale, FL 33301 (Use attachments if necessary) 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the principle of the proper and complete performance is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the principle of the proper position and the law of which it is organized. (If the certificate is in a forcign language, a translation of the certificate under on of the translator must be submitted) 10. This document is executed in accordance with section of State constitutes a third degree felony as provided for in s 817.155. F.S.		me adopted for the purpose of Usns	acting business in Florida T	The alternate name must include "Limited Liabi	illy Company," "L.L.C." or "LLC.")	
(Date Not measured between in Hotels (Species regional 2017) (Species Address of Principal Oction 2017) (Species Address of Principal Oction 2017) 1612 West Lake Drive Fort Lauderdale, FL 33316 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Tanya L. Bower, Esq., e/o Tripp Scott, P.A. Office Address: 110 SE 6th Street, 15th Floor Fort Lauderdale, FL 33316 7. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited Hability company at the place designated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agent to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar will and accept the obligations of my position as registered agent. 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address: Tanya L. Bower 10 SE 6th Street, 15th Floor Fort Lauderdale, FL 33301 (Use attachments if necessary) 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the translator must be submitted) 10. This document is executed in accordance with section 5th, 02103 (1) (b), Florida Statutes, I am aware that any false information submitted in a document to the Pepparament of State constitutes a third degree felony as provided for in s 817.153, F.S.	2. Delaware			3. 82-2147274 (FEI numb)	ы, і (аррысація)	
1612 West Lake Drive Fort Lauderdale, FL 33316 7. Name and street address of Florida registered agent: (F.O. Box NOT acceptable) Name: Tanya L. Bower, Esq., c/o Tripp Scott, P.A. Office Address: 110 SE 6th Street, 15th Floor Fort Lauderdale is registered agent and to accept service of process for the above stated limited thability company at the place designated in this application. I hereby accept the appointment as registered agent and to accept the appointment as registered agent and agree to act in this capacity. I further age to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar will and accept the obligations of my popition as registered agent. 8. The name, title or capacity and address of the person(s) who hat/have authority to manage is/are: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Output Description of the 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 on of the translator must be submitted) 10. This document is executed in accordance with section 60.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Peparament of State constitutes a third degree felony as provided for in s 817.155, F.S.	(Junisticion under the law of wh	ich foreign litmted liability company) 12 C1ETINECO)	,, =		
1612 West Lake Drive Fort Lauderdale, FL 33316 7. Name and street address of Florida registered agent: (F.O. Box NOT acceptable) Name: Tanya L. Bower, Esq., c/o Tripp Scott, P.A. Office Address: 110 SE 6th Street, 15th Floor Fort Lauderdale is registered agent and to accept service of process for the above stated limited thability company at the place designated in this application. I hereby accept the appointment as registered agent and to accept the appointment as registered agent and agree to act in this capacity. I further age to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar will and accept the obligations of my popition as registered agent. 8. The name, title or capacity and address of the person(s) who hat/have authority to manage is/are: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Output Description of the 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 on of the translator must be submitted) 10. This document is executed in accordance with section 60.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Peparament of State constitutes a third degree felony as provided for in s 817.155, F.S.	4	(Date has transacted business	s in Florida, if prior to registr	ration)		
1612 West Lake Drive Fort Lauderdale, FL 33316 7. Name and attect address of Florida registered agent: (P.O. Box NOT acceptable) Name: Tanya L. Bower, Esq., c/o Tripp Scott, P.A. Office Address: 105E 6th Street, 15th Floor Fort Lauderdale (Co) Florida 33301 Registered agent's acceptance: Harding been named as registered agent and to accept service of process for the above stated limited Hability company at the place designated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further age to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar wild and accept the obligations of my position as registered agent. 10 (Registered agent) signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address: I fine floor Fort Lauderdale, FL 33301 (Use attachments if necessary) 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 on of the translator must be submitted) 10. This document is executed in accordance with section 60.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Pepartment of State constitutes a third degree felony as provided for in s 817.155, F.S.		(See Jections 505,0904 & 605) 0905, F.S. to determine pet			
For Lauderdale, FL 33316 Name: Tanya L. Bower, Esq., ofo Tripp Scott, P.A. Office Address: 110 SE 6th Street, 15th Floor For Lauderdale (Co) For the above stated limited litability company at the place designated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further is designated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further is to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my perition as registered agent. **Title or Capacity:** Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name and Address: 110 SE 6th Sireet, 15th Floor Fort Lauderdale, FL 33301 (Use attachments if necessary) 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 on of the translator must be submitted) 10. This document is executed in accordance with section \$05.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Pepartment of State constitutes a third degree felony as provided for in s 817.155, F.S.	5. (Street Address of Pr	nacipal Dibse)			(44)	
7. Name and affect address of Florida registered agent: (P.O. Box NOT acceptable) Name: Tanya L. Bower, Esq., efo Tripp Scott, P.A. Office Address: 110 SE 6th Street, 15th Floor Fort Lauderdale , Florida 33301 (Cop) , Florida 33301 (Cop)	1612 West Lake Drive					
Name: Office Address: Tanya L. Bower, Esq., c/o Tripp Scott, P.A. Office Address: Fort Lauderdale Fort Lauderdale Fort Lauderdale (Ony) (Ony) Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited Itability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further aix to camply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address: (Use strachments if necessary) 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 on of the translator must be submitted) 10. This document is executed in accordance with section 30s.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Pepartment of State constitutes a third degree felony as provided for in s 817.155, F.S.	Fort Lauderdale, FL 33316		 -	Fort Lauderdale, FL 33316		
Name: Tanya L. Bower, Esq., c/o Tripp Scott, P.A. Office Address: 10 SE 6th Street, 15th Floor Fort Lauderdale in Florida 33301 (Cop) (Cop) (Cop) (Cop) Registered agent's acceptance: (Cop) (Cop) (Cop) Registered agent's acceptance: (Cop) (Cop) (Cop) (Cop) (Cop) Registered agent and as registered agent and to accept service of process for the above stated limited Itability company at the place designated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further six to camply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address: Title or Capacity: Name and Address: AP Tanya L. Bower 110 SB 6th Street, 15th Floor Fort Lauderdale, FL 33301 (Use attachments if necessary) 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 on of the translator must be submitted) 10. This document is executed in accordance with section \$0.0.003 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Pepartment of State constitutes a third degree felony as provided for in s 817.155, F.S.	ممالة الديادة	s of Clarida registered as	rent: OFO Box NO	OT acceptable)		
Office Address: Fort Lauderdale Fort Lauder	7. Name and street Rudies					
Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited Hability company at the place designated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further age to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address: Tanya L. Bower 110 SE 6th Street, 15th Floor Fort Lauderdale, FL 33301 (Use attachments if necessary) 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 on of the translator must be submitted) 10. This document is executed in accordance with section 505.0203 (1) (b), Florida Statutes. I am aware that any lake information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.	Name:		·			
Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited Itability company at the place designated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further age to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar will and accept the obligations of my position as registered agent. 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: AP Tanya L. Bower 110 SE 6th Street, 15th Floor Fort Lauderdale, FL 33301 (Use attachments if necessary) 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 on 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 Pepartment of State constitutes a third degree felony as provided for in s 817.155, F.S.	Office Address:	110 SE 6th Street, 15th	Floor			
Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited Itability company at the place designated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further age to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar will and accept the obligations of my position as registered agent. 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: AP Tanya L. Bower 110 SE 6th Street, 15th Floor Fort Lauderdale, FL 33301 (Use attachments if necessary) 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 on 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 Pepartment of State constitutes a third degree felony as provided for in s 817.155, F.S.		Fort Lauderdale	iei	, Florida 33301	<u> </u>	
Having been named as registered agent and to accept service of process for the above stated interest and agree to act in this capacity. I further age designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further age to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: AP Tanya L. Bower 110 SE 6th Street, 15th Floor Fort Lauderdale, Ft. 33301 (Use attachments if necessary) 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 on 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 s 817.155, F.S.			(City)	(Zip code	-)'	
Tanya L. Bower 110 SB 6th Street, 15th Floor Fort Lauderdale, FL 33301 (Use attachments if necessary) 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 on of the translator must be submitted) 10. This document is executed in accordance with section \$95.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the pepartment of State constitutes a third degree felony as provided for in \$817.155, F.S.		acity and address of the p	(Registered agent's signal operson(s) who has/h	ave authority to manage is/are: Title or Capacity:	Name and Address: .	G: UJ
(Use attachments if necessary) 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 on of the translator must be submitted) 10. This document is executed in accordance with section \$95.0203 (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 s.817.155, F.S.						
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 on of the translator must be submitted) 10. This document is executed in accordance with section \$05.0203 (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 s.817.155, F.S.	AF	110 SE 6th St	reet, 15th Floor			
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 on 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 fellony as provided for in s.817.155, F.S.						
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 on 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 fellony as provided for in s.817.155, F.S.						
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 on of the translator must be submitted) 10. This document is executed in accordance with section \$05.0203 (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 s.817.155, F.S.		<u> </u>				
jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the service of the translator must be submitted) 10. This document is executed in accordance with section \$05.0203 (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 s.817.155, F.S.						
submitted in a document to the Department of State constitutes a third degree felony as provided for in \$ 817,133, F.S.	•					
	9. Attached is a certificate jurisdiction under the law	e of existence, no more the	nan 90 days old, dul (If the certificate is	ly authenticated by the official less in a forcign language, a translat	aving custody of records in t tion of the certificate under o	he
	9. Attached is a certificate jurisdiction under the law of the translator must be s	e of existence, no more the of which it is organized. Submitted)	section \$05.0203 (1 a constitutes a third	s in a torcign language, a dansia. 1) (b), Florida Statutes. I am awa, degree felony as provided for in	re that any false information	
Tanya L. Bower, Authorized Person Typed or printed name of signee	9. Attached is a certificate jurisdiction under the law of the translator must be s	e of existence, no more the of which it is organized. Submitted) cuted in accordance with the Department of State	section \$05.0203 (1 a constitutes a third Signature of a	s in a torcign language, a dansia. 1) (b), Florida Statutes. I am awa, degree felony as provided for in	re that any false information	

JH17000251543

Delaware The First State

1

Page 1

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

DELAWARE, DO HEREBY CERTIFY "1612 WEST LAKE 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-FIFTH DAY OF SEPTEMBER, A.D. 2017.

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

6446760 8300 SR# 20176317501

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

Authentication: 203284176

Date: 09-25-17

H17000251543