

4/9/2019

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

M1900003598

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : FLAGLER DEVELOPMENT GROUP, LLC
Account Number : I20020000144
Phone : (305)520-2344
Fax Number : (305)520-2400

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

Email Address: _____

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19 APR -9 AM 8:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**Foreign Limited Liability Company
Countyline Building 6 LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

2019/04-09 PM 12:52

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY
APR 10 2019



April 2, 2019

FLORIDA DEPARTMENT OF STATE

Division of Corporations

FLAGLER DEVELOPMENT GROUP, LLC

SUBJECT: COUNTYLINE BUILDING 6 LLC
REF: W19000033075

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Stacy Prather
Regulatory Specialist III

FAX Aud. #: H19000107451
Letter Number: 819A00006498

P.O BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Countyline Building 6 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:

Jessica Perez

Name of Person

Firm/Company

700 NW 1st Avenue, Suite 1620

Address

Miami, FL 33136

City/State and Zip Code

jessica.perez@feci.com

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

For further information concerning this matter, please call:

Jessica Perez

Name of Contact Person

305

Area Code

520-2366

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton 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 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. Countyline Building 6 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 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI 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. 700 NW 1st Avenue, Suite 1620
Miami, FL 33136
(Street Address of Principal Office)

6. 700 NW 1st Avenue, Suite 1620
Miami, FL 33136
(Mailing Address)

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
Christopher J. Sutton (VP); Mauricio Anderson (VP); Kolleen Cobb (VP, S);
Margarita M. Martinez (VP, AS); and Juan (Rusty) Godoy (VP, T)
700 NW 1st Avenue, Suite 1620, Miami, FL 33136

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 605.0203, 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 917.155, F.S.)

Kolleen O.P. Cobb, Vice President

Typed or printed name of signee

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19 APR -9 AM 8:37
STATE
TALLAHASSEE, FLORIDA

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:

Countyline Building 6 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:

Kolleen O.P. Cobb

(Name)

700 NW 1st Avenue, Suite 1620

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


Miami

FL 33136

City/State/Zip

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 "COUNTYLINE BUILDING 6 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 SECOND DAY OF APRIL, A.D. 2019.

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19 APR -9 AM 8:37
SECRETARY OF STATE
FALL ARMSSEE, FLORIDA



Jeffrey W. Bullock
Jeffrey W. Bullock, Secretary of State

6102490 8300

SR# 20192478189

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

Authentication: 202566625

Date: 04-02-19