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Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)517-6383

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: \_\_\_\_\_

2020 MAR 23 PM 12:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Foreign Limited Liability Company  
Countyline Building 25 LLC

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

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MAR 24 2020  
M. SOLOMON

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Countyline Building 25 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:

Brianna Hernandez

\_\_\_\_\_  
Name of Person

Florida East Coast Industries, LLC

\_\_\_\_\_  
Firm/Company

~~700 NW 1st Avenue, Suite 1620~~ 9335 SW 36 Street

\_\_\_\_\_  
Address

Miami, FL ~~33136~~ 33165

\_\_\_\_\_  
City/State and Zip Code

brianna.hernandez@feci.com

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

For further information concerning this matter, please call:

Brianna Hernandez

305

520-2427

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- \$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 2S 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. (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 (Street Address of Principal Office)
Miami, FL 33136
6. 700 NW 1st Avenue, Suite 1620 (Mailing Address)
Miami, FL 33136

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Kolleen O.P. Cobb
Office Address: 700 NW 1st Avenue, Suite 1620
Miami, Florida 33136
(City) (Zip code)

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TAMMASEE, FLORIDA

Registered agent's acceptance:

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 application, 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 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.

(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

**Title or Capacity:** **Name and Address:**

Manager Name: Christopher J. Sutton

Member Address: 10105 NW 112th Ave, Suite 14

Authorized Miami, FL 33178

Person \_\_\_\_\_

Other President  Other \_\_\_\_\_

Manager Name: Kolleen O.P. Cobb

Member Address: 700 NW 1st Ave, Suite 1620

Authorized Miami, FL 33136

Person \_\_\_\_\_

Other Vice President  Other Secretary

Manager Name: Juan (Rusty) Godoy

Member Address: 700 NW 1st Ave, Suite 1620

Authorized Miami, FL 33136

Person \_\_\_\_\_

Other Vice President  Other Treasurer

**Title or Capacity:** **Name and Address:**

Manager Name: Mauricio H. Anderson

Member Address: 700 NW 1st Ave, Suite 1620

Authorized Miami, FL 33136

Person \_\_\_\_\_

Other Vice President  Other \_\_\_\_\_

Manager Name: Margarita M. Martinez

Member Address: 700 NW 1st Ave, Suite 1620

Authorized Miami, FL 33136

Person \_\_\_\_\_

Other Vice President  Other Asst. Secretary

Manager Name: \_\_\_\_\_

Member Address: \_\_\_\_\_

Authorized \_\_\_\_\_

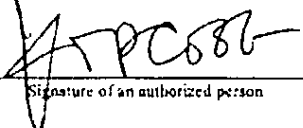
Person \_\_\_\_\_

Other \_\_\_\_\_

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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 oath 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.



\_\_\_\_\_  
Signature of an authorized person

Kolleen O.P. Cobb

\_\_\_\_\_  
Typed or printed name of signer

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2020 MAR 23 PM 12:35  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COUNTYLINE BUILDING 25 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 SIXTEENTH DAY OF MARCH, A.D. 2020.



7894101 8300

SR# 20202139699

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

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 202591134

Date: 03-16-20