

Division of Corporations

M2000008320

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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

From: Account Name : FLAGLER DEVELOPMENT GROUP, LLC  
Account Number : 120220000144  
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: \_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2020 MAR 23 PM 12:13

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Foreign Limited Liability Company  
Countyline Building 24 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 24 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@FECL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BRIANNA HERNANDEZ at (305) 520-2427  
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 24 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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TALLAHASSEE, FLORIDA

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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.

[Handwritten signature of KOLLEEN O.P. COBB]

(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 \_\_\_\_\_

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: Kolleen O.P. Cobb

Member      Address: 700 NW 1st AVE, Suite 1620

Authorized      Miami, FL 33136

Person \_\_\_\_\_

Other Vice President                       Other Secretary

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: Juan (Rusty) Godoy

Member      Address: 700 NW 1st AVE, Suite 1620

Authorized      Miami, FL 33136

Person \_\_\_\_\_

Other Vice President                       Other Treasurer

Manager      Name: \_\_\_\_\_

Member      Address: \_\_\_\_\_

Authorized      \_\_\_\_\_

Person \_\_\_\_\_

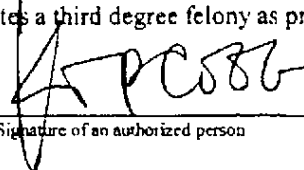
Other \_\_\_\_\_                       Other \_\_\_\_\_

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 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**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

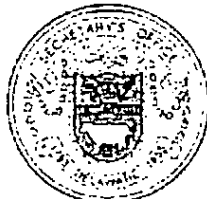
\_\_\_\_\_  
Typed or printed name of signee

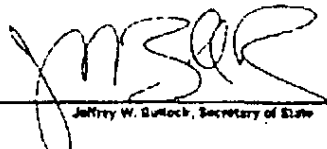
# Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COUNTYLINE BUILDING 24 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.



  
Jeffrey W. Bullock, Secretary of State

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SR# 20202139616

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

Authentication: 202591126

Date: 03-16-20