10/29/2020

Division of Corporations



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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.

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Foreign Limited Liability Company Countyline Building 26 LLC

Certificate of Status	0
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COVER LETTER

SUBJECT:	Countyline		f Limited Liability Cor	npany			_
						nsact Business in Florida company to transact bus	
Please return al	l correspondence conc	erning this matte	r to the following:				
	Jessica F	Perez					
			Name of Person				-
			Firm/Company				-
	700 NW 1st Avenue, Suite 1620						
	Address						-
	Miami, Fl	L 33136					
			City/State and Zip C	ode	• •		-
	jessica.pe	erez@fe	ci.com				
		E-mail address: (to	be used for future and	nual repo	rt notific	ation)	_
For further info	ormation concerning th	is matter, please	call:				
Je	ssica Pere	Z	_{at} (30	5,	520	-2366	
	Name of Co	ontact Person		Code	Day	ytime Telephone Number	
Divisi Regist P.O. F	ANG ADDRESS: on of Corporations tration Section Box 6327 massee, FL 32314		STREET ADDRES Division of Corpora Registration Section Clifton Building 2661 Executive Cen Tallahassee, FL 323	tions ter Circl	le		
	a check for the foll 25.00 Filing Fee	owing amount \$130.00 Filing I Certificate of S	Fee & 🔲 \$155.00) Filing ed Copy		□ \$160.00 Filing Fee, of Status & Certifie	

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:

(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.")	
Liability Company," "L L.C," or "LLC.")	
Dolaware	
₂ Delaware _{3.}	
(Jurisdiction under the law of which foreign limited hability company is organized) (FEI number, if applicable)	
4.	
(Date first transacted business in Flonda, it prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	
5. 700 NW 1st Avenue, Suite 1620 <u>≥∞ ≥</u>	
Міаті, FL 33136	7
(Street Address of Principal Office) 6. 700 NW 1st Avenue, Suite 1620	~
Miami, FL 33136 (Mailing Address)]
(Maining 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 to am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in \$817,155, F.S.)	ıΓ

Kolleen O.P. Cobb, Vice President

Typed or printed name of signee

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.

AGENT IN TE	HE STATE OF FLOI	·RIDA.	
	of the Limited Liabil ine Building		
		used in the state of Florida is:	
2. The name a	and the Florida street	et address of the registered agent and office are:	
	Kolleen O.	.P. Cobb	
		(Name)	
		st Avenue, Suite 1620	
	Florida	da Street Address (P.O. Box NOT ACCEPTABLE)	
	Miami	33136 FL. City/State/Zip	
		City/State/Zip	
liability comporegistered age statutes relativ	any at the place desig ent and agree to act in ng to the proper and o	agent and to accept service of process for the about gnated in this certificate. I hereby accept the appoint this capacity. I further agree to comply with the complete performance of my duties, and I am fan fon as registered agent as provided for in Chapter (Signature) \$ 100.00 Filing Fee for Application	ointment as se provisions of all niliar with and
		S 25.00 Designation of Registered Agent	

\$ 30.00 Certified Copy (optional)\$ 5.00 Certificate of Status (optional)



Page 1

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

DELAWARE, DO HEREBY CERTIFY "COUNTYLINE BUILDING 26 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-NINTH DAY OF OCTOBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COUNTYLINE BUILDING 26 LLC" WAS FORMED ON THE TWENTY-EIGHTH DAY OF OCTOBER, A.D. 2020.

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

Authentication: 203967951

Date: 10-29-20