Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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From:

Account Name : LOWNDES, DROSDICK, DOSTER, KANTOR & REED, P.A.

Account Number: 072720000036 : (407)843-4600 Phone Fax Number : (407)843-4444

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

Email Address:

Foreign Limited Liability Company 6935 PLP, LLC

Certificate of Status	0
Certified Copy	11
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

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

name unavailable, enter alternate name adopted for the purpose of transacting illity Company," "L.L.C," or "L.L.C.") Delaware arisyliction under the law of which foreign limited liability company is organized)		
arisdiction under the law of which foreign limited liability	infied for	
emistrem under the law of which foreign limited lightley	oplied for	
· · ·	(FEI number, if uppliesbte)	
Upon filing of this application		
(Date first transacted business in Florida, (See sections 605,0904 & 665 0405, F.S. to c	Tprior to registration.) otermine penalty liability)	
6735 Conroy Road, Suite 219	ASEC 5	
Orlando, Florida 32835		
(Street Address of Princ	ipal Office)	
6735 Conroy Road, Suite 219	اراسا مسمر شما	
Orlando, Florida 32835	-1 ⁻¹	
(Mailing Addre	**)	
The name, title or capacity and address of the person(s) v	ਹੀ ਹੈ vho has/have authority to manage is/arc:	
akstone Properties, LLC, Member		
35 Conroy Road, Suite 219		
rlando, Florida 32835		
Attached is an original cortificate of existence, no more thing custody of records in the jurisdiction under the law of eptable. If the certificate is in a foreign language, a translate be submitted) Signature of an authority of authorit	which it is organized. (A photocopy is no ation of the certificate under oath of the tra	

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.

If unavailable, the alternate to be used in the state of Florida is:					
2. The name an	d the Florida street add	ress of the registered agent and office are:			
	Luke S. Widn	mer	151 TALL		
		(Name)	MAR CONEIN AND		
	6735 Conroy	Road, Suite 219	ASS		
Florida Street Address (P.O. Box NOT ACCEPTABLE)					
	Orlando,	FL 32835	اس اس		
	and the second of the second section of the second	City/State/Zip	#: 06 TATE ORIDA		

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

S 30.00 Certified Copy (optional)
 S 5.00 Certificate of Status (optional)

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "6935 PLP, 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 FOURTH DAY OF MARCH, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

5703112 8300

150308035

AUTHENTICATION: 2168006

DATE: 03-04-15