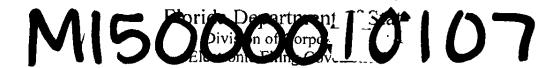
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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page. Doing so will generate another cover sheet.	

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FLAGLER DEVELOPMENT GROUP, LE

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:

#### Foreign Limited Liability Company Countyline I LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

Electronic Filing Menu Corporate Filing Menu

Help

#### **COVER LETTER**

TO: Registration Section

Division of Corporations

SUBJECT: Countyline I 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 Alvarez

Name of Person

Florida East Coast Industries, LLC

Firm/Company

2855 Le Jeune Rd., 4th Floor

Address

Coral Gables, FL 33134

City/State and Zip Code

jessica.alvarez@feci.com

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

For further information concerning this matter, please call:

Jessica Alvarez

.,305

520-2366

Name of Contact Person

Area Code

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

S160.00 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;

(If name unavailable, enter alternate name adopted for the p	surpose of transacting business in Flor	da. The alternate nar	ne must inc	lude "I.	 imited
Liability Company," "L.L.C," or "LF.C.")					
<sub>2</sub> Delaware	3		= =	2	
(Jurisdiction under the law of which foreign limited liabi company is organized)	uty (FE	I number, if applicat	(Je) = 2	ي. س	B T
4.			3	50	ETER HANDE
(Date first transacted	business in Florida, if prior to registra & 605.0905, F.S. to determine penalty	tion.)		 !	N. Contraction of the Contractio
5 2855 Le Jeune Rd., 4th Flo		nativity)	Si-K		
5. 2000 Le Geurie Ru., 4011 le				_15	
Coral Gables, FL 33134			95		. *
	eet Address of Principal Office)		- Em	ف	_
6. 2855 Le Jeune Rd., 4th Flo	or				_
					- ,
Coral Gables, El. 33134					
Coral Gables, FL 33134	(Mailing Address)			**.	_
				~~,	
7. The name, title or capacity and address of		authority to ma	nage is/a	re:	<del>_</del>
	f the person(s) who has/have	authority to ma	nage is/a	re:	<del>_</del>
7. The name, title or capacity and address o	f the person(s) who has/have I Marcus (VP);			re:	<del>-</del>
7. The name, title or capacity and address of Vincent Signorello (P); Danie	f the person(s) who has/have I Marcus (VP);			re:	<del>-</del>

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.

Countylin	ne I LLC		
If unavailable,	the alternate to be used in the	e state of Florida is:	
2. The name ar	nd the Florida street address	of the registered agent and office are:	No. 29
	Kolleen O.P. Co	obb	5 DEC
		(Name)	C 17
	2855 Le Jeune	Rd., 4th Floor	
Florida Street Address (P.O. Box NOT ACCEPTABLE)		- 104 GB	
	Coral Gables	5L 33134	29 103
		City/State/Zip	

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 The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "COUNTYLINE I 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 FOURTEENTH DAY OF DECEMBER, A.D. 2015.

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

5905007 8300 SR# 20151335639

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

Janies W Bluides, Startery of State

Authentication: 10609035

Date: 12-14-15