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 : BILZIN SUMBERG BAENA PRICE & AXELROD LLP

Account Number : 075350000132 Phone : (305)374-7580 : (305)374-7580 Fax Number : (305)351-2122

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. ** Email Address:

FLORIDA/FOREIGN LP/LULP SUNSHINE STATE CERTIFICATES VI, LLLP

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APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT BUSINES IN FLORIDA

	limited partnership or limited liability limited partnershipsiness in Florida; must contain acceptable suffix. 3 3/2/16
rate or Country of Formation	Date of Formation
Name of Register 11380 Prosp Florida street of Palm Beach treby accept the appointment as register	Creations Network Inc. ed Agent for Service of Process Derity Farms Road #221E address for Registered Agent ch Gardens, FL 33410 red agent and agree to act in this capacity. I further agrive to the proper and complete performance of my duties
om familiar with an accept the obligation	ns of my position as registered agent. Taylor Page, Special Secretary
m familiar with an accept the obligation Signatu 7900 Mit	Taylor Page, Special Secretary re of Registered Agent ami Lakes Drive West
Signatu 7900 Mi	Taylor Page, Special Secretary re of Registered Agent
m familiar with an accept the obligation Signatu 7900 Mit	Taylor Page, Special Secretary re of Registered Agent ami Lakes Drive West

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	akes Drive West
Miami Lakes,	Florida 33016
10. Name, principal office address, and mai	ling address of each general partner:
Sunshine State Manager VI, LLC Name Name ONUS OF THE PROPERTY OF THE PROPER	7900 Miami Lakes Drive West Street Address Miami Lakes, Florida 33016 7900 Miami Lakes Drive West Mailing Address Miami Lakes, Florida 33016
Name	Street Address
	Mailing Address
Name	Street Address
	Mailing Address
Name	Street Address
	Mailing Address

Page 2 of 3



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Name		Street Address			
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Name			Street Address		
•			Mailing Addre		
. Effective date, if other than (the date of filing:				
ffective date cannot be p		than 00 days	after the date t	hir docum	ent is
ed by the Florida Depart		inun 90 aays	ajier me unie n	ms aveum	F111 13
 Attached is a certificate the delivery of this appliate or other official having 	cation to the Fig ng custody of the	rida Departm	ent of State, by	the Secret	агу о
w of which it is organize	d.				•
igned this	day of	March		16	
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gnature of a general part mahine Stave Managog VI,	LLC, General Par	tner			
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ignature of a general part unshine Staye Managor VI, y: Gary Brance, Vice Presi liling Fees; Certified Copy (optional)	S1,00	0.00 (\$965 Fili	ing Fee and \$35 Re	gistered Ago	ent Fer

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Page 1

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

DELAWARE, DO HEREBY CERTIFY "SUNSHINE STATE CERTIFICATES VI, LLLP"

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 THIRD DAY OF MARCH, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SUNSHINE STATE CERTIFICATES VI, LLLP" WAS FORMED ON THE SECOND DAY OF MARCH, A.D. 2016.

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

5979121 8300
SR# 20161467058
You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 201925466

Date: 03-03-16