Florida Department of State

Division of Corporations **Public Access System**

Electronic Filing Cover Sheet

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.

(((H07000036664 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

Fax Number

: (850)205-0383

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 E. . . .

: (850)222-1092

FLORIDA/FOREIGN LIMITED LIABIL

Xcape II, L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

9269848098 02:01 1002/60/20

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

IN COMPLIANCE WITH SECTION 608,503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	1.	Xcape II, L.L.C.	(Name of Foreign	I imited I	ichility Comos	ייייי			
			(Marite of Poteign	. Editions -					
	2	Alabama	e law of which foreign limited	3 <u>المالية المالية</u>	, <u>7</u> c	(FBI number, i	2235 ***********************************		
	}	combany is orangizog	i) B is wor winch totalist timitad	Meditiny		į rim naturos, ti	r appacaous;		
	4.	12/14/2006		_ 5	perpetual				
		(Date o	of Organization)		(Duration: exist or "p	Year limited liabi erpetual")	ility company; will co	1007 xxxx	
	6,	<u> </u>	tooibiloup n				≥∺		
	•	•	(Date first transacted bus (See sections 608.501 & 60	iness in Fic 18.502 F.S.	xida, if prior to to determine p	registration.) cenalty liability)	TAR	EB -	-
	7	90 Pine Street, India	Atlantic, FL 32903				— Ä	_0_	Sanctaines ()
	,.						OF S	U	
			(Stree	Address	of Principal O	fice)	DRA.		U
	٥	If limited lighibit	y company is a manager-	heasnem	company, ci	neck here	IDA ADA	39	
	٥.	11 mmw haduid	y company to a transfer.				•		
	9.	The name and us	ual business addresses of	the man	aging memb	ers or manager	s are as follows:		too es
was e e e	•	Nilesh Patel, 90 Pin	ne Street, India Atlantic, FL 3:	2903				 ,	ine in in Simplifi
7		· <u>· · · · · · · · · · · · · · · · · · </u>		7. 7. 7.	المراجعة الم	William Com			
and the second s		<u> </u>			· / · · · / 23 * · /	ateriten van 1966. Aterite	3 14 3 5 4 5 5 4 5 5 5 5 5 5 5 5 5 5 5 5 5	 .	
Till og folg i store Andrews folg i skyr folg i sammal til skyr	. Cu	stody of records in t	ginal certificate of existence, the jurisdiction under the law age, a translation of the c	v of which	ı it is organize	d. (A photocopy	y is not acceptable.	If the cert	tificate
	11	. Nature of busine	ess or purposes to be con	ducted or	r promoted is	r Florida: Deve	elop/lease property		
		<u></u>	· (1)	20				 •	
			1/6	لانكار					
		•	Signature of a member (In accordance with acction 6 an affirmation under the pentional of the second	0B.40B(3), F	7.S., the execution in the fact	a of this document (nonstitutes		
					name of sig	enee			

PLOS? - WOSKOS C T System Ordina

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

Xcape II, L.L.C.		<u> </u>
2. The name	and the Florida street address of the registered agent and office are:	21 SI TAL
	C T Corporation System	
	(Name)	FEB -
	1200 South Pine Island Road	
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	المهارة لأل يرتد
,	Plemation, Plorida 33324	I: 3
A	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 608, Florida Statutes.

y: Marul alams

1. The name of the Limited Liability Company is:

MARY R. ADAMS ASSISTANT SECRETARY

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

ILAST - SCHAIS C'T Swarm Onlin

Beth Chapman Secretary of State

P.O. Box 5616 Montgomery, AL 36103-5616

STATE OF ALABAMA

I, Beth Chapman, Secretary of State of the State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the domestic corporate records on file in this office disclose that Kcape II, L.L.C. organized in the office of the Judge of Probate of Montgomery County on December 14, 2006. I further certify that the records do not disclose that said Kcape II, L.L.C. has been dissolved.



In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the City of Montgomery, on this day.

February 8, 2007

Date

Beth Chapman

Beth Chapman

more the representative of the south that the state of the second of the

the second section of the contract of the cont

Secretary of State

9269818938

02:01 7002/20/20