# SHUMAKER OF REDUND (5813222 07 4 9 1 1 1 Florida Department of State

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From:

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Account Number: 075500004387 Phone : (813)229-7600 Fax Number : (813)229-1660

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## Foreign Limited Liability Company 3180 W. Azeele Street, LLC

Certificate of Status	
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T. HAMPTON

DEC 1 4 2010



IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN TH	HE STATE OF FLORIDA:	
1. 3180 W. Azeele Street, LLC	iclude "Limited Liability Company," "L.L.C.," or "LLC.")	_
(Name of Foreign Limited Liability Company; must inc	icitide "Limited Liability Company," L.E.C., or LLC.	
(If name unavailable, enter alternate name adopted for the purp consent of the managers or managing members adopting the al Company," "L.L.C," "LLC.")	rpose of transacting business in Florida and attach a copy of talternate name. The alternate name must include "Limited Lia	he written bility
2. Wyoming	3. 27-4211422	
(Jurisdiction under the law of which foreign limited liability company is organized)		
4. 12/9/2010	5. perpetual	SIAIG
(Date of Organization)	Duration: Year limited liability company will cease to exist or "perpetual")	
6. 12/9/2010		
(Date first transacted business in 1 (See sections 608.501 & 608.502 F	Florida, if prior to registration.) F.S. to determine penalty liability)	
7. 4129 W. Kennedy Boulevard, Suite 1		<b>9</b> 930
Tampa, Florida 33609		BRATIONS
(Street Addres	ess of Principal Office)	55
8. If limited liability company is a manager-manage	ed company, check here 🔽	
9. The name and usual business addresses of the ma	anaging members or managers are as follows:	
Gustavo S. Ruiz de Castilla, Manager, 412	29 W. Kennedy Blvd. Suite 1, Tampa, FL 336	09
Fabiola R. Ruiz de Castilla, Manager, 4129	9 W. Kennedy Blvd. Suite 1, Tampa, FL 3360	9
·		
10. Attached is an original certificate of existence, no more than 9 the jurisdiction under the law of which it is organized. (A photocatranslation of the certificate under oath of the translator must be su	copy is not acceptable. If the certificate is in a foreign language,	
11. Nature of business or purposes to be conducted	or promoted in Florida:	<del></del>
investing in and leasing commercial rea	al estate	·
- Gran Sm	rith allel	
Signature of a member or an	authorized representative of a member.	
	execution of this document constitutes an affirmation under the e true. I am aware that any false information submitted in a	
document to the Department of State constitu	utes a third degree felony as provided for in s.817.155, F.S.)	
Erin Smith Aebel		

Typed or printed name of signee

# 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.

1. The name of the Limited Liability Company is:	
3180 W. Azeele Street, LLC	
If unavailable, the alternate to be used in the state of Florida is:	
2. The name and the Florida street address of the registered agent and office are:	
Erin Smith Aebel	
(Name)	
101 E. Kennedy Boulevard, Suite 2800	
Florida Street Address (P.O. Box NOT ACCEPTABLE)	
Tampa FL 33602 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.  \$ 100.00 Filing Fee for Application  \$ 25.00 Designation of Registered Agent  \$ 30.00 Certified Copy (optional)  \$ 5.00 Certificate of Status (optional)	SEURETARY OF SHATE

#### DEC-13-2010 (MON) 11:50

## STATE OF WYOMING Office of the Secretary of State

I, MAX MAXFIELD, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

# 3180 W. Azeele Street, LLC **Limited Liability Company**

formed or qualified under the laws of Wyoming did on December 9, 2010, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number 2010-000593766.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual ficense taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 13th day of December, 2010 at 9:44 AM. This certificate is assigned 008903023.



Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.