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SECRETARY OF STATE

MAY 23 2011

EXAMINER

1011 MAY 20 PM 12:

TO

COVER LETTER

	ration Section on of Corporations				
SUBJECT:	SIX POINTS VENT	TURES 2, LLC			
		bility Company for Authorization to Transact Busin above referenced foreign limited liability company to			
Please return al	l correspondence concerning this ma	atter to the following:			
	Christopher L. Pizzo	Name of Person		,	
		Name of reison			
	Six Points Ventures 2, L				
		Firm/Company			
	401 E. Las Olas Blvd.	., Suite 1650			
		Address			
	Ft. Lauderdale, FL 333	301			
		City/State and Zip Code	TAI	201	
cpizzo@pnigroup.com				***	e després qu
	E-mail address: (to be used for future annual report notification)	TAR ASS	20	Springs.
For further info	rmation concerning this matter, plea	ase call:	Y OF		
Josh	nua Margolis	at (954) 670-2954	FLORID/	PM 12: 29	
	Name of Person	Area Code & Daytime Telephone Number	- En	23	
Divisio Registr P.O. B	ING ADDRESS: on of Corporations ration Section ox 6327 assee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			
	check for the following amou 0 Filing Fee \$\int\\$	ee & \$155.00 Filing Fee & \$160.00 Filing	; Fee, Certific ertified Copy	ate	

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.	Six Points Ventures 2, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
cor	name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the usent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liabili mpany," "L.L.C," "LLC.")	writter ity
	Delaware Jurisdiction under the law of which foreign limited liability company is organized) 3. 45-2161441 (FEI number, if applicable)	
4.	05/10/2011 (Date of Organization) 5. PERPETUAL (Duration: Year limited liability company will cease to exist or "perpetual")	
6.	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	
7.	401 E. Las Olas Blvd., Suite 1650	
	Fort Lauderdale, Florida 33301 (Street Address of Principal Office) (STREET Address of Principal Office)	Contracts to ments to ments
	If limited liability company is a manager-managed company, check here	Andrew State
9.	The name and usual business addresses of the managing members or managers are as follows:	2/2/52
	Six Points Investment Partners, LLC, Manager - 401 E. Las Olas Blvd.,	
	Suite 1650, Ft. LauderdaleFlorida 33301	
the tran	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of reconjurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a solution of the certificate under eath of the translator must be submitted.)	ords in
11.	Nature of business or purposes to be conducted or promoted in Florida: ALL LAWFUL	
	BUSINESS	
	- Sau	
	Signature of a member or an authorized representative of a member.	
	(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)	

Steven M. Mariano, Authorized Representative

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION $608.415~\rm or~608.507$, 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:	
Six Points Ventures 2, 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:	
Corporate Creations Network, Inc.	201
(Name)	7
11380 Prosperity Farms Road #221E Florida Street Address (P.O. Box NOT ACCEPTABLE)	I HAY 20 PM
Palm Beach Gardens FL 33410 City/State/Zip	PHIZE 24
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. Perkins, Vice President (Signature)	1

Filing Fee for Application

Designation of Registered Agent Certified Copy (optional)

Certificate of Status (optional)

\$ 100.00

\$ 25.00

\$ 30.00 \$ 5.00

Delaware

PAGE 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "SIX POINTS VENTURES 2, 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 SEVENTEENTH DAY OF MAY, A.D. 2011.

2011 HAY 20 PH 12: 25
SECRETARY OF STATE
ARCHITERS OF STATE

4980307 8300

110554910

Jeffrey W. Bullock, Secretary of State

AUTHENTYCATION: 8765261

DATE: 05-17-11

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