Division of Corporations **Electronic Filing Cover Sheet** 

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092

Fax Number : (850)878-5368

EXAMINER

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

Epail	Address:						 _
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## Foreign Limited Liability Company 13625 ICOT MANAGER, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

### COVER LETTER

Subject: 🖞	3625 ICOT Manager, LLC		
_		Name of Limited Liability Company	
The enclosed ' Existence, and	"Application by Foreign Limited I check are submitted to register t	Liability Company for Authorization to Transact Business in Florida," Certificate of the above referenced foreign limited liability company to transact business in Florida.	ı۲ la.,
icusa return a	all correspondence concerning this	is maller to the following:	
	Deborah L. Walker, Paralegal	Specialist	
		Name of Person	
	Sutherland Ashill & Brennan		
		Firm/Company	
	999 Peachures Street, N.E.		
		Address	
	Atlanta, GA 30309-3996		
		City/State and Zip Code	
	deborah.wxlker@sutherland.co		
	E-muil addres	ss: (to be used for future annual report notification)	
	ormation concerning this matter,	please call:	
or turner into			
	uh L. Walker	at ( 404 ) 407-5080	
	uh L. Walker Name of Person	at (404 ) 407-5080 Area Code & Daytine Telephone Number	
Debora MAIL	Name of Person	Area Code & Daytime Telephone Number  STREET ADDRESS:	٠
Debon MAIL Divisi	Name of Person	Area Code & Daytime Telephone Number	٠
Debon MAIL Divisi Regist P.O. H	Name of Person  ING ADDRESS: on of Corporations ration Section lox 6327	Area Code & Daytime Telephone Number  STREET ADDRESS: Division of Corporations Registration Section Clifton Building	•
Debon MAIL Divisi Regist P.O. H	Name of Person  ING ADDRESS: on of Corporations ration Section	Area Code & Daytime Telephone Number  STREET ADDRESS: Division of Corporations Registration Section	•
MAIL Divisi Regist P.O. H Tallah	Name of Person  ING ADDRESS: on of Corporations ration Section lox 6327	Area Code & Daytime Telephone Number  STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	٠

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN

	13625 ICOT Manager, LLC	
1.	(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
CO	f name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the insent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability purpose," "LLC." "LLC."	written ity
2.	Doluware 3.	
-	(Jurisdiction under the law of which foreign limited hability (FE) number, if applicable) company is organized)	
4.	July 11, 2011 5. Perpetual	
	(Date of Organization) (Quration: Year limited liability company will cease to exist or "perpetual")	
6.	Upon Qualifying	
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	
7.	c/a BlueShore investments & Management L.C.	
	480 Tommy Aaron Drive, Gainosville, Georgia 30506, Attention: Charles A. Bray	
	(Street Address of Principal Office)	
8.	If limited liability company is a manager-managed company, check here	
9.	The name and usual business addresses of the managing members or managers are as follows:	
	c/o BlueShore Investments & Management L.L.C.	
	480 Tommy Aaron Drive, Gainesville, Georgia 30506, Attention: Charles A. Bray	
10.	Attached is an original certificate of existence, no more than 90 days old, duly authorized by the official having custody of reco	nds in
he.	jurisdiction under the law of which it is organized. (A photocupy is not acceptable. If the certificate is in a foreign language, a	
K O	relation of the certificate under outh of the translator must be submitted.)	
1.	. Nature of business or purposes to be conducted or promoted in Florida: Holding Real Estate	
	C L 11.00 A 3	]   I
	Signature of a member of an authorized representative of a member.	Ę
	(In secondance with section 608,408(3), F.S., the execution of this document constitutes an affirmation under the	20
	penalties of penjury that the facts stated herein are true. I am aware that any false information submitted in a 🐇 🥇	<u> </u>
	document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)	` P
	Charles A. Bray, Authorized Representative of Manager	AFI IU:
	Typed or printed name of signor	•_
90	T System Critique	

PC657 - 10/05/2019 CT System Citalian

#### 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.

The name and the Florida Street address of the registered agent and office are:  (Name)  1200 South Pine Island Road  Florida Street Address (P.O. Box NOT ACCEPTABLE)	unavailahlo	, the alternate to be used in the state of Florida is:	· · · · · · · · · · · · · · · · · · ·
C T Corporation System (Name) 1200 South Pine Island Road	· · · · · · · · · · · · · · · · · · ·		
(Name) 1200 South Pine Island Road	io Dame i	and the Florida street address of the registered agent and	office are:
1200 South Pine Island Road			
		C T Corporation System	
Florida Street Address (P.O. Box NOT ACCEPTABLE)			·
		(Name)	
		(Name) 1200 South Pine Island Read	Ε}

Having been named as registered agant 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. C T Corporation System

Danny Verdeochia, Jr. Asst. Secretary

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

Certificate of Status (optional) \$ 5.00

# Delaware

PAGE

## The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "13625 ICOT MANAGER, 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 ELEVENTH DAY OF JULY, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

5008589 8300

110807698

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You may verify this contificate online at corp. delevers.gov/euthver.ahtml

Jeffley W. Bullock, Secretary of State

AUTHENTY CATION: 8892620

DATE: 07-11-11