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EXAMINER



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DEPARTHENT OF STATE DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA

RECEIVED

11 AUG 26 PH '3: 50

CORPDIRECT AGENTS, INC. (formerly CCRS) 515 EAST PARK AVENUE TALLAHASSEE, FL 32301 222-1173 FILING COVER SHEET ACCT. #FCA-14 **CONTACT:** Kim Weidenbach DATE: 08/26/11 **REF. #:** 000409,153395 CORP. NAME: PENINSULA PROPERTY HOLDINGS V, LLC () ARTICLES OF INCORPORATION () ARTICLES OF AMENDMENT () ARTICLES OF DISSOLUTION () ANNUAL REPORT () TRADEMARK/SERVICE MARK () FICTITIOUS NAME (XX) FOREIGN QUALIFICATION () LIMITED PARTNERSHIP () LIMITED LIABILITY () WITHDRAWAL () REINSTATEMENT () MERGER () CERTIFICATE OF CANCELLATION () OTHER: STATE FEES PREPAID WITH CHECK# 541277 FOR \$ 155.00 AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED: ___ COST LIMIT: \$_____ PLEASE RETURN:

() CERTIFICATE OF GOOD STANDING

() PLAIN STAMPED COPY

() CERTIFICATE OF STATUS

(XX) CERTIFIED COPY

Examiner's Initials

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

<u>I</u>N

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE S	S, THE FOLLOWING IS SUBMITTED TO REGISTER A FOR E CT STATE OF FLORIDA:
1 PENINSULA PROPERTY HOLDINGS	~
(Name of Foreign Limited Liability Company; must includ	e "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose consent of the managers or managing members adopting the altern Company," "L.L.C," "LLC.")	
2. Delaware 3.	Applied For
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
	Perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
6. Upon registration	
(Date first transacted business in Flor (See sections 608.501 & 608.502 F.S. t	ida, if prior to registration.) o determine penalty liability)
7. 5301 Blue Lagoon Drive, Suite 200	
Miami, Florida 33126	
(Street Address of	f Principal Office)
8. If limited liability company is a manager-managed of	ompany, check here 🗹
9. The name and usual business addresses of the management	ging members or managers are as follows:
Kent Ellert - 5301 Blue Lagoon Dr., Su	ite 200, Miami, FL 33126
Jim Baiter - 5301 Blue Lagoon Dr.,	Suite 200, Miami, FL 33126
[Continued on Attached Exhibit A]
10. Attached is an original certificate of existence, no more than 90 da the jurisdiction under the law of which it is organized. (A photocopy translation of the certificate under oath of the translator must be submi	is not acceptable. If the certificate is in a foreign language, a
11. Nature of business or purposes to be conducted or p	promoted in Florida: Any lawful
business permitted by the laws of th	e State of Florida
	The Manager
Signature of a member or an auti	norized representative of a member.
	tion of this document constitutes an affirmation under the
	. I am aware that any false information submitted in a a third degree felony as provided for in s.817.155, F.S.)
Brian Van S	
Typed or printed i	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.

If unavailable, the alternate to be used in	the state of Florida is:	
2. The name and the Florida street addre	ess of the registered agent and office are:	
NRAI Services, In		
	(Name)	
515 East Park A	venue	
	Address (P.O. Box NOT ACCEPTABLE)	
Tallahassee	_{FL} 32301	
•	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.

(Signature) Patricia Tablock, 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)

Exhibit A to Application for Peninsula Property Holdings V, LLC

9. - Manager's continued:

Juan Castro – 5301 Blue Lagoon Dr., Suite 200, Miami, FL 33126 Brian Van Slyke – 5301 Blue Lagoon Dr., Suite 200, Miami, FL 33126 Sam Carter – 5301 Blue Lagoon Dr., Suite 200, Miami, FL 33126 Frank Salomone – 5301 Blue Lagoon Dr., Suite 200, Miami, FL 33126

Delaware

PAGE

The First State

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

DELAWARE, DO HEREBY CERTIFY "PENINSULA PROPERTY HOLDINGS V, 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 TWENTY-SIXTH DAY OF AUGUST, A.D.

2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PENINSULA PROPERTY HOLDINGS V, LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF AUGUST, A.D. 2011.

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

5029383 8300

110956400

Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 8994495

DATE: 08-26-11

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