Sivision of Corporations



Florida Department of State

Division of Corporations 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.

(((H11000281497 3)))



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

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL

Account Number : 110432003053

Phone

: (561)694-8107

Fax Number

: (561)694-1639

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

Email Address:

NOV 30 PM 华

Foreign Limited Liability Company FCP ATLANTIC SPRINGS, LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

Help

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

IN COMPLIANCE WITH SECTION (ORSUS, FLORIDA STATUTES, THE POLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1.	FCP ATLANTIC SPRINGS, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company." "L.L.C.," or "LLC.")
achi (C)	name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written insent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability ompany." "L.L.C." "L.L.C."
2.	Delaware 3.
	(Jurisdiction under the law of which foreign limited liability (FE) number, if applicable) company is organized)
ŧ.	11/29/2011 5. Perpetual
•	(Date of Organization) (Duration: Year limited liability company will sease to exist or "perpetual")
5 .	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7.	2600 Douglas Road, Suite 502
	Coral Gables, FL 33134
	(Street Address of Principal (Affice)
3,	If limited liability company is a manager-managed company, check here 🔽
),	The name and usual business addresses of the managing members or managers are as follows:
	Serenata Management, LLC, Manager
	2600 Douglas Road, Suite 502
	Coral Gables, FL 33134
he	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in a jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign lunguage, a nation of the certificate under oath of the translator must be submitted.)
1	. Nature of business or purposes to be conducted or promoted in Florida:
	Any and all lawfol activities
	Signature of a member or an authorized representative of a member.
	(In accompance with section vos 408(3), i.S., the execution of this line ment constitutes an affirmation under the penalties of perjury that the facts stated herein are true. For a warre, that any flatse information submitted in a
	document to the Department of State constitutes a third depice felony or provided for in s.817.155, F.S.) Second Management, LLC, Manager by: Kristing Roy, as Attorney-in-Fact

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:	
FCP ATLANTIC SPRINGS, 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:	SEC
Jose Luis Machado, Esq.	至
(Name)	ASSI ASSI
8500 SW 8th St., Ste. 238	E C
Florida Street Address (P.O. Box NOT ACCEPTABLE)	8: 24 ORB
Miami _{FL} 33144	DA 24
City/Suite/Zip	
Having been named as registered agent and to accept service of process for the above state liability company at the place designated in this certificate. I hereby accept the appointment agent and agree to act in his capacity. Further agree to comply with the provisions of all relating to the proper and complete performance of my duties, and I am familiar with and obligations of my position as registered agent as provided for in Chapter 608, Florida States (Signature) Signature: \$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional)	nt as registered I statutes accept the tutes.
\$ 5.00 Certificate of Status (optional)	

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "FCP ATLANTIC SPRINGS, 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 THIRTIETH DAY OF NOVEMBER, A.D. 2011.

AND I DO REREBY FURTHER CERTIFY THAT THE SAID "FCP ATLANTIC SPRINGS, LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF NOVEMBER, A.D. 2011.

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

5071516 8300

111241492

DATE: 11-30-11

AUTHENTY CATION: 9189193

You may verify this cortificate online at corp.delaware. dov/authors = him?