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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	s of Status
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EXAMINER

CORPDIRECT ÂGE 515 EAST PARK AV TALLAHASSEE, FL 222-1173	ENUE	merly CCRS)				
FILING COVER : ACCT. #FCA-23	SHEET					
CONTACT:	KATIE WO	<u>PNSCH</u>				
DATE:	06/28/2013					
REF. #:	7747668.881	7024				
CORP. NAME:	PORTER-L	EEMAN REAL EST	FATE II, LLC			
( ) ARTICLES OF INCO	ORPORATION	( ) ARTICLES OF AM	1ENDMENT	( ) ARTICLES OF	DISSOLUTION	
( ) ANNUAL REPORT		( ) TRADEMARK/SE	RVICE MARK	( ) FICTITIOUS NA	AME	
( XX ) FOREIGN QUAL	IFICATION	( ) LIMITED PARTN	ERSHIP	( ) LIMITED LIABI	ILITY	
( ) REINSTATEMENT		( ) MERGER		( ) WITHDRAWAL		
( ) CERTIFICATE OF (	CANCELLATION	T			7A (c) 28	
		ITH CHECK# <u>700</u> CCOUNT IF TO			2013 JUH 28 AM 11: 27 SECRETARY OF STATE TALLAHIASSEE, FLOPIDA	
			_ COST LIN	MIT: \$		
PLEASE RETUI	RN:					
( XX ) CERTIFIED C	ОРҮ	( ) CERTIFICATE	OF GOOD STAN	DING (	) PLAIN STAMI	PED COPY
( XX ) CERTIFICATI	E OF STATUS					

Examiner's Initials

### 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:

name unavailable, enter alternate name adopte sent of the managers or managing members as	ed for the purpose dopting the alterna	of transacting business in Florida and attachate name. The alternate name must include "	a copy of the v Limited Liabili
mpany," "L.L.C," "LL.C.") DELAWARE		NI/A	
Jurisdiction under the law of which foreign lin ompany is organized)	nited liability 3.	N/A (FEI number, if applicable)	
JULY 5, 2012		PERPETUAL	
(Date of Organization)	5.	PERPETUAL  (Duration: Year limited liability company exist or "perpetual")	will cease to
(Date first transacted (See sections 608.501	l business in Flori & 608.502 F.S. to	da, if prior to registration.) o determine penalty liability)	
540 Biltmore Way, Cora	ıl Gables	, FL 33134	-1-
•	_		SEC MALL
(	Street Address of	Principal Office)	<b>≯</b> 70 ∓m
f limited liability company is a manag	ger-managed co	ompany, check here	ARY I
The name and usual business addresse	s of the manag	ing members or managers are as foll	
Manager: SHANNON PO	RTER LEE	MAN	<u> </u>
Address: c/o Thomas O.	Wells, Esc	quire	
540 Biltmore V	Vay, Coral	Gables, FL 33134	
Attached is an original certificate of existence, nurisdiction under the law of which it is organizate attached the certificate under oath of the translation.  Nature of business or purposes to be	ed. (A photocopy ator must be submi	is not acceptable. If the certificate is in a foreinted.)	ng custody of rea gan larnguage, a
COMPANY		1/	,
Thom	50 W	XL 3	
		orized representative of a member. on of this document constitutes an affirmation un	der the

THOMAS O. WELLS, AUTHORIZED REPRESENTATIVE

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.

The name of the Limited Liability Company is:  PORTER-LEEMAN REAL ESTATE II, 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:		
THOMAS O. WELLS, ESQUIRE		
(Name)	2013 JUN SECRE	
540 BILTMORE WAY		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Florida Street Address (P.O. Box NOT ACCEPTABLE)	28 ARY ASSE	¥"-3"
CORAL GABLES FL 33134	AM II:	¥ *
City/State/Zip	63 N	

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)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 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 "PORTER-LEEMAN REAL ESTATE II, 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-EIGHTH DAY OF JUNE, A.D.

2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PORTER-LEEMAN REAL ESTATE II, LLC" WAS FORMED ON THE FIFTH DAY OF JULY, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

2013 JUN 28 AH II: 27
SECRE ARY OF CLAIR
TALLAHASSEE FLOOR

5179906 8300

130828929

Jeffrey W. Bullock, Secretary of State

AUTHENTY CATION: 0550610

DATE: 06-28-13

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