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DESTIN COMMONS PHASE III LLC

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AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO:

Registration Section Division of Corporations

For further

Destin Commons Phase III LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

| Peter A. Schoemann, P.A. Name of Person Broad and Cassel Firm/Company 390 North Orange Avenue, Suite 1400 Address Orlando, Florida 32801 City/State and Zip Code pschoemann@broadandcassel.com E-mail address: (to be used for future annual report notification) information concerning this matter, please call: Peter A. Schoemann 407 839-4200 | | | | |
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| | | Name of Person | | |
| | Broad and Cas | · | | |
| Broad and Cassel Firm/Company 390 North Orange Avenue, Suite 1400 Address Orlando, Florida 32801 City/State and Zip Code pschoemann@broadandcassel.com E-mail address: (to be used for future annual report notification) information concerning this matter, please call: | | | | |
| | Pirm/Company 390 North Orange Avenue, Suite 1400 Address Orlando, Florida 32801 City/State and Zip Code pschoemann@broadandcassel.com E-mail address: (to be used for future annual report notification) Information concerning this matter, please call: Peter A. Schoemann Name of Person Area Code & Daytime Telephone Number ALLING ADDRESS: STREET ADDRESS: | | | |
| Broad and Cassel Firm/Company 390 North Orange Avenue, Suite 1400 Address Orlando, Florida 32801 City/State and Zip Code pschoemann@broadandcassel.com E-mail address: (to be used for future annual report notification) information concerning this matter, please call: Peter A. Schoemann Name of Person Area Code & Daytime Telephone Number | | | | |
| | Orlando, Florid | a 32801 | | |
| | | City/State and Zip Code | | |
| Broad and Cassel Firm/Company 390 North Orange Avenue, Suite 1400 Address Orlando, Florida 32801 City/State and Zip Code pschoemann@broadandcassel.com E-mail address: (to be used for future annual report notification) information concerning this matter, please call: Peter A. Schoemann Name of Person Area Code & Daytime Telephone Number All ING ADDRESS: STREET ADDRESS: | | | | ER & |
| | E-mail address: | (to be used for future annual | report notification) | ART S |
| infor | mation concerning this matter, ple | ease call: | | 表表 心 『 |
| ² et | ter A. Schoema | nn _{at} 407 | 839-4200 | PH 12: 50 |
| | Name of Person | Area Code & Daytime | : Telephone Number | |
| visio | n of Corporations | Division of Corporations | | |
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Registration Section P.O. Box 6327 Tallahassee, FL 32314 Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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□ \$130.00 Filing Fee & □ \$125.00 Filing Fee Certificate of Status

□ \$155.00 Filing Fee & Certified Copy

■ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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. Destin Commons Phase III LLC (Name of Foreign Limited Liability Company; must incompany) | clud | e "Limited Liability Company," "L.L.C.," or "LLC.") |
|--|-------|--|
| | ltern | of transacting business in Florida and attach a copy of the written ate name. The alternate name must include "Limited Liability |
| _{2.} Delaware | 3. | 35-2460916 |
| (Jurisdiction under the law of which foreign limited liability company is organized) | 7 | (FEI number, if applicable) |
| 1 241 2. 2013 | 5 | Perpetual |
| (Date of Organization) | J. | (Duration: Year limited liability company will cease to exist or "perpetual") |
| 5 | | |
| (Date first transacted business in (See sections 608.501 & 608.502 F | Flor | ida, if prior to registration.) o determine penalty liability) |
| 19950 West Country Club Drive, 1 | | |
| Aventura, Florida 33180 | | |
| | ess o | f Principal Office) |
| 3. If limited liability company is a manager-manage | ed c | ompany, check here ging members or managers are as follows: |
| D. The name and usual business addresses of the ma | ana | ging members or managers are as follows: 😽 💍 |
| Turnberry Retail Holding, L.P. | | A P |
| 19501 Biscayne Blvd., Suite 400 | | PH 12: 50 |
| Aventura, Florida 33180 | | m |
| 10. Attached is an original certificate of existence, no more than the jurisdiction under the law of which it is organized. (A photo ranslation of the certificate under eath of the translator must be successful.) | copy | nitted.) |
| | | · · · · · · · · · · · · · · · · · · · |
| See atlache | | |
| | | norized representative of a member. |
| | | ion of this document constitutes an affirmation under the |

Typed or printed name of signee

Signature Page of Application for Authority to Transact Business in State of Florida as Foreign Limited Liability Company [Destin Commons Phase III LLC]

Duly executed and delivered this 2 day of June, 2013.

TURNBERRY RETAIL HOLDING, L.P., a Florida limited partnership, its Manager/Member

By: Turnberry Retail Subsidiary GP, LLC, a Florida limited liability company, its General Partner

By: Turnberry Retail Developers, L.P., a Florida limited partnership, its Managing Member

By: Turnberry Retail GP, LLC, a Florida limited liability company, its General Partner

By

Name Jacquelyn Soffer Title Manager/Member



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 Limited Liability Components Phase | = | | | |
|--|---|---|---|-----------|----------|
| If unavailable, t | he alternate to be used in the | e state of Florida is: | | | |
| 2. The name an | d the Florida street address | of the registered agent and office a | ure: | | |
| | NRAI Services, | Inc. | | | |
| | | (Name) | | | |
| | 1200 South Pin | e Island Road | | | |
| | Florida Street Ad | dress (P.O. Box NOT ACCEPTABLE) | | | |
| | Plantation | _{FL} 33324 | | | |
| | | City/State/Zip | | | |
| liability compar registered agen statutes relating | ny at the place designated in it and agree to act in this cap ig to the proper and complete | to accept service of process for the this certificate, I hereby accept the acity. I further agree to comply with performance of my duties, and I and its active agent as provided for in Chil | appointment as ith the provisions of all an n familiar with and | 18 JUL -2 | ALCOHOL: |

Filing Fee for Application

Designation of Registered Agent Certified Copy (optional) Certificate of Status (optional)

(Signature) /

\$ 100.00

5 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 "DESTIN COMMONS PHASE III 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 SECOND DAY OF JULY, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DESTIN COMMONS PHASE III LLC" WAS FORMED ON THE SECOND DAY OF JULY, A.D. 2013.

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

5360556 8300

130841115

AUTHENTY CATION: 0558239

DATE: 07-02-13

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