Florida Department of State Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CARLTON FIELDS

Account Number : 076077000355

Phone : (813)223-7000

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

Foreign Limited Liability Company 305 Mountain Drive I Manager, LLC

Certificate of Status	0
Certified Copy	1
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CR2E027 (9/10)

COVER LETTER

TQ:

Registration Section
Division of Corporations

Surfect: 305 Mountain Drive I Manager, 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:

Cristin C. Keane

Name of Person

Carlton Fields, P.A.

Firm/Company

4221 West Boy Scout Blvd., Suite 1000

Address

Tampa, FL 33607

City/State and Zip Code

ckeane@carltonfields.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cristin C. Keane

.,,813 229-421′

Name of Person

Area Code & Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations Registration Section P.O. Box 6327

Taliahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Enclosed is a check for the following amount:

□ \$125.00 Filing Fee

☐ \$130.00 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 COMPHANCE WITH SECTION (OR SOR, FLORIDA STATLITE LIMITED LABILITY COMPANY TO TRANSACT BUSINESS IN THE	S THE FOLLOWING IS SURMITTED TO REGISTER 4 ECREICN STATE OF FLORIDA:
1. 305 Mountain Drive I Manager, LLC	
(Name of Foreign Limited Liability Company; must include	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.")	of transacting business in Florida and attach a copy of the written ate name. The alternate name must include "Limited Liability
_{2.} Delaware	
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
_{4.} July 12, 2013	Perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
6	
(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. 4221 West Boy Scout Blvd., Suite 10	<u>00</u>
Tampa, FL 33607	18 18 1
(Street Address o	f Principal Office)
8. If limited liability company is a manager-managed c	ward the
9. The name and usual business addresses of the manag	ging members or managers are as follows:
Cristin C. Keane	
4221 West Boy Scout Blvd., Suite 10	000
Tampa, FL 33607	
the jurisdiction under the law of which it is organized. (A photocopy translation of the certificate under oath of the translator must be subm	nitted.)
11. Nature of business or purposes to be conducted or p	promoted in Florida: Management
Company	
	norized representative of a member.
penalties of perjury that the facts stated herein are true.	tion of this document constitutes an affirmation under the . I am aware that any false information submitted in a
document to the Department of State constitutes a	third degree felony as provided for in s.817.155, F.S.)

Cristin C. Keane, 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.

	of the Limited Liability Company is:		
If unavailable	e, the alternate to be used in the state of Florida is:		
2. The name	and the Florida street address of the registered agent a		
	CFRA, LLC	SECRETALL AND JUL	-11
	(Name)		
	100 S. Ashley Drive, Suite 40		11
	Florida Street Address (P.O. Box NOT ACCEP	TABLE)	- 5
	Tampa FL FL 3	3602	Σ Σ

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 HERBY CERTIFY "305 MOUNTAIN DRIVE I 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 NINETEENTH DAY OF JULY, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "305 MOUNTAIN DRIVE I MANAGER, LLC" WAS FORMED ON THE TWELFTH DAY OF JULY, A.D. 2013.

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

5365804 8300

130896199

DATE: 07-19-13

leffley W. Bullock, Secretary of State

tou may verify this certificate online at corp. delaware, gov/authver.ahtml