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(((H130001933113)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA00000023

: (850)222-1092

Phone Fax Number

: (850)876-5368

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

Emmil	Address:	
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Foreign Limited Liability Company 1275 SOUTH OCEAN BOULEVARD LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

ö AUG 29

Electronic Filing Menu

Corporate Filing Menu





 2013 16:	22:17 From: To: 8506176383		
CR2E027 (9/	COVER LETTER		
	egistration Section ivision of Corporations		
	1275 South Ocean Boulevard LLC		
SUBJECT	Name of Limited Liability Company		
Existence,	ed "Application by Foreign Limited Liability Company for Authorization to Transact Bus and check are submitted to register the above referenced foreign limited liability company rm all correspondence concerning this matter to the following:	iness in Florida," Cer to transact business	tificat in Flo
Existence,	and check are submitted to register the above referenced foreign limited liability company arn all correspondence concerning this matter to the following: Eleanor Coleman	iness in Florida," Cet to transact business	in Flo
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Existence,	and check are submitted to register the above referenced foreign limited liability company and check are submitted to register the above referenced foreign limited liability company and check are submitted to register the above referenced foreign limited liability company and check are submitted to register the above referenced foreign limited liability company and check are submitted to register the above referenced foreign limited liability company and check are submitted to register the above referenced foreign limited liability company	iness in Florida," Cet to transact business	in 13 AUG 29 AM ID:
Existence,	and check are submitted to register the above referenced foreign limited liability company rm all correspondence concerning this matter to the following: Eleanor Coleman Name of Person Goulston & Storrs PC Firm/Company 400 Atlantic Ave	iness in Florida," Cet to transact business	in 13 AUG 29 AM
Existence,	and check are submitted to register the above referenced foreign limited liability company rm all correspondence concerning this matter to the following: Eleanor Coleman Name of Person Goulston & Storrs PC Firm/Company 400 Atlantic Ave	to transact business	in 13 AUG 29 AM 10: 3

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:

☐ \$1 25.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status

Certified Copy

\$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

<i>LIMITED LIABILITY COMPANY TO TRANSACT BI</i> 1. 1275 South Ocean Boulsvard LLC	SINESS IN THE STATE OF LITHOUTS.	
	any; must include "Limited Liability Company," "L.L.C	," or "LLC.")
(If name unavailable, onter alternate name adopte consent of the managers of managing members as Company, ""LLC," "LLC,")	d for the purpose of transacting business in Florida and a copting the alternate name. The alternate name must include	nitach a copy of the written ude "Limited Liability
2 Delaware	3	
Delaware (Jurisdiction under the law of which foreign line company is organized)	ited liability (FBI number, if applica	blo)
August 27, 2013	5. Perpetual	
(Date of Organization)	(Dutation: Year limited Hability comexist or "perpetual")	npany will cease to
s.		The state of the s
(Date first transacted (See sections 608.50)	business in Florida, if prior to registration.) & 608.502 P.S. to determine penalty liability)	3 AUG
a/o Goulston & Storrs PC, 400 Atlantic Aven	uo, Boston, MA 02110	<u></u> ~~
	Street Address of Principal Office)	
•		
. If limited liability company is a manag	er-managed company, check here 🔀	
. The name and usual business addresse Managers: Douglas M. Husid and Mork D. I	s of the managing members or managers are as	រ follows:
Business Address: c/o Goulston & Storrs, Po	C, 400 Atlantio Avenue, Boston, MA 02110	
Attached is an original certificate of existence, n jurisdiction under the law of which it is organize arstation of the certificate under oath of the transla	o more than 90 days old, duly authenticated by the official d. (A photocopy is not acceptable. If the certificate is in a tor must be submitted.)	having custody of records in foreign language, a
	conducted or promoted in Plorida:	
Real estate acquisition and ownership and all		
Elianon	Colinar	·
	ber or an authorized representative of a member	er,
(In accordance with section 608,408C	i), F.S., the execution of this document constitutes an affirmat	ion under the
pennium of parting that the facts plained of S	ed herein are true. I am aware that any false information s tate constitutes a third degree folony as provided for in s	nomined in a 1.817.155, F.S.)
	Coleman, Authorized Representative	, ,
Type	od 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 PLORIDA.

lf unavellable	e, the alternate to be u	sed in the state of Plorida is:			
2. The name	and the Florida street	saddress of the registered agent and office are:	2-1-1 2-1-1 2-1-1 2-1-1 2-1-1 2-1-1 2-1-1 2-1-1 2-1-1 2-1-1 2-1-1 2-1 2	ಪ ≥	w y
		CT Corporation System		AUG 2	<u>.</u>
		(Nano)	·	9	5
		1200 South Pins Island Road			
		1400 SOURI LIND 1918UR LONG	~1		\$ + E+A
	Florida	Street Address (P.O. Box NOT ACCEPTABLE)		ල් ස	****

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.

Tammy Tofteroo Vice President

\$ 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 "1275 SOUTH OCEAN BOULEVARD 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 THENTY-SEVENTH DAY OF AUGUST, A.D.

2013.

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

29 MM 10: 35

5387220 8300

131029012

You may worlfy this certificate online at corp. delaware, gov/suthver, shtml

AUTHENTICATION: 0695186

ATTEMPT CASTON: 0099100

DATE: 08-27-13