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.

(((H13000272421 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 : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5368

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

Email Address:

Foreign Limited Liability Company LSOP 3 FL 3, LLC

Certificate of Status	1
Certified Copy	1
Page Count	05
Estimated Charge	\$160.00

Electronic Filing Menu

Corporate Filing Menu

Help

6. BOSTICK DEC 1 3 2013

Ċ

EXAMINER

12/12/2013

CR2E027 (9/10)		COV	ER LETTER			
		COV	er lei i er			
_	ration Section on of Corporations					
SUBJECT:	SOP 3 FL 3, LLC					
		Name of Lim	ited Linbility Company			
The enclosed "A Existence, and	Application by Foreig check are submitted to	n Limited Liability Com register the above refer	peny for Authorization to Tra enced foreign limited liability	unsact Business in Flor y company to transact (ida," Cert business i	ificate of n Florida.,
Please return al	l correspondence con	cerning this matter to the	following:			
	Barry P. Marcus					
		Na	me of Person			
	Greenfield Partne	era, LLC				
		Fi	m/Company			
	2 Post Road Wes	t				
			Address		_	
	Westport, CT 058	180		ı		
	<u> </u>	Clty/St	ate and Zip Code			
	marcusb@greenfl	eldpartners.com				
	E-	mall address: (to be used	for future annual report noti	fication)	55	*
For further info	rmation concerning th	nis matter, piease call:			<u> </u>	English Name Amada
Barry	P. Marcus		203 354-50)22		Č.
	Name of	Person Area	Code & Daytime Telephon	Number	(<u>)</u>	P.5
	ING ADDRESS:	STREE	T ADDRESS;		,	
	on of Corporations ration Section		n of Corporations ation Section			ရှေ
P.O. B	lox 6327	Clifton	Building			ω
Taliab	assec, FL 32314		xecutive Center Circle ssee, FL 32301		•	cr.
Enclosed is a	check for the foll	owing amount:				
		1 \$130.00 Piling Fee & Certificate of Status	☐ \$15\$,00 Fiting Fee & Certified Copy	© \$160.00 Filing Fe of Status & Certi	-	

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 COMPLIANCE TO REGISTER A FOREIGN

Obligation under the law of which foreign limited liability company is organized) 12/8/13 5.		1	See all a land and a land	1	folio somio
(Jurisdiction under the law of which foreign limited liability companies) 12/8/13 (Date of Organization) (Date of Organization) (Date of Organization) (Date Inst transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 5 Post Road West Westport, CT 08880 (Street Address of Principal Office) 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: Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of reo purisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a fixelign language, a unstation of the certificate under oath of the translator must be submitted.) Nature of business or purposes to be conducted or promoted in Florida: Own real property Signature of a member or an authorized representative of a member.	onsent of the managers or managing members adopting ompany," "L.L.C," "LLC.")				
(Jurisdiction under the law of which foreign limited liability companies) 12/8/13 (Date of Organization) (Date of Organization) (Date of Organization) (Date Inst transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 5 Post Road West Westport, CT 08880 (Street Address of Principal Office) 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: Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of reo purisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a fixelign language, a unstation of the certificate under oath of the translator must be submitted.) Nature of business or purposes to be conducted or promoted in Florida: Own real property Signature of a member or an authorized representative of a member.	Delaware	3.			
(Date of Organization) (Date of Organization) (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 5 Post Road West Westport, CT 06880 (Street Address of Principal Office) 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: Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of receiptisticition under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a fixelign language, a unstation of the certificate under oath of the translator must be submitted.) Nature of business or purposes to be conducted or promoted in Florida: Own real property Signature of a member or an authorized representative of a member.	(Jurisdiction under the law of which foreign limited learning is organized)	lability	(FEI number, if applic	able)	_
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 5 Post Road West Westport, CT 08880 (Street Address of Principal Office) 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: Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of receiptristiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a fixelign language, a unskation of the certificate under outh of the translator must be submitted.) Nature of business or purposes to be conducted or promoted in Florida: Own real property Signature of a member or an authorized representative of a member.	12/8/13	5.	• •		
(See sections 608.501 & 608.502 F.S. to determine penalty liability) 5 Post Road West Westport, CT 08880 (Street Address of Principal Office) 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: Amached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of recepitation under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a fixeign language, a unstation of the certificate under eath of the translator must be submitted.) Nature of business or purposes to be conducted or promoted in Florida: Own real property Signature of a member or an authorized representative of a member.	(Date of Organization)			ompany will cear	se to
(See sections 608.501 & 608.502 F.S. to determine penalty liability) 5 Post Road West Westport, CT 08880 (Street Address of Principal Office) 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: (Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of receptivisticition under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a fixeign language, a unskation of the certificate under oath of the translator must be submitted.) Nature of business or purposes to be conducted or promoted in Florida: Own real property Signature of a member or an authorized representative of a member.	·				
Westport, CT 06880 (Street Address of Principal Office) 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: Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of receptrisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a fixeign language, a unskation of the certificate under eath of the translator must be submitted.) Nature of business or purposes to be conducted or promoted in Florida: Own real property Signature of a member or an authorized representative of a member.					
(Street Address of Principal Office) 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: Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of receiptistic under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a fixeign language, a unslation of the certificate under eath of the translator must be submitted.) Nature of business or purposes to be conducted or promoted in Florida: Own real property Signature of a member or an authorized representative of a member.	5 Post Road West				
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: Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of recepins diction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a fixeign language, a unstation of the certificate under oath of the translator must be submitted.) Nature of business or purposes to be conducted or promoted in Florida: Own real property Signature of a member or an authorized representative of a member.	Westport, CT 06880				1.42
The name and usual business addresses of the managing members or managers are as follows: Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of receipmisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a fixelign language, a unstation of the certificate under cath of the translator must be submitted.) 1. Nature of business or purposes to be conducted or promoted in Florida: Own real property Signature of a member or an authorized representative of a member.	(Street	Address o	Principal Office)		j.
Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of receiptrisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a fixeign language, a unstation of the certificate under cath of the translator must be submitted.) 1. Nature of business or purposes to be conducted or promoted in Florida: Own real property Signature of a member or an authorized representative of a member.	If limited liability company is a manager-m	nanaged c	ompany, check here	: () () ()	2
Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of receiptive certificate is in a fixelegal language, a prelation of the certificate under oath of the translator must be submitted.) 1. Nature of business or purposes to be conducted or promoted in Florida: Own real property Signature of a member or an authorized representative of a member.	The name and usual business addresses of	the mana	ging members or managers are	as follows:	7.3
Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of receiptive certificate is in a fixelegal language, a prelation of the certificate under oath of the translator must be submitted.) 1. Nature of business or purposes to be conducted or promoted in Florida: Own real property Signature of a member or an authorized representative of a member.				<u>;</u>	ą.
e jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a fixelign language, a unstation of the certificate under cath of the translator must be submitted.) 1. Nature of business or purposes to be conducted or promoted in Florida: Own real property Signature of a member or an authorized representative of a member.				*:	<u></u> .
Signature of a member or an authorized representative of a member.	e jurisdiction under the law of which it is organized. (A anslation of the certificate under oath of the translator m	A photocopy just be subm	is not acceptable. If the certificate is in nitted.)	a fixelign langu	ty of reco
· · · · · · · · · · · · · · · · · · ·		~			·
	<u></u>				
document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)	(In accordance with section 608.408(3), F.S. penalties of perjury that the facts stated he	S., the execut rain are true	tion of this document constitutes an affirm . I am aware that any false informatio	nation under the n submitted in a	

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.

LSOP 3 FL 3,			
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:	
	C T Corporation Syste	m 5×,	5-3 6-3 6-4 6-4
	(Name)		
	1200 South Pine Island Road		
	Florida Street Address (P.O. Box NO	T ACCEPTABLE)	1.
	Plantation FL 3:	3324	- - -
	City/State/Zip		. C
liability comparegistered age statutes relati	named as registered agent and to accept service any at the place designated in this certificate, I nt and agree to act in this capacity. I further a ng to the proper and complete performance of n igations of my position as registered agent as p	hereby accept the appointment gree to comply with the provisi ny duties, and I am familiar wit rovided for in Chapter 608, Fla	as ions of all th and
	C T Corporation System	Connie Bryan	
	By: Consider Bosser	Issistant S ecretori	
	\$ 30.00 Certified Cop	f Registered Agent	

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LSOP 3 FL 3, 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 ELEVENTH DAY OF DECEMBER, A.D. 2013.

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

131413237

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

DATE: 12-11-13