# M14000001697

(Re	equestor's Name)			
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PICK-UP	☐ WAIT	MAIL		
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(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to	Filing Officer:			

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TO ACKNOWLEDGE

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TILED

MAR 14 2013 T. HAMPTON



ACCOUNT NO. : I2000000195

REFERENCE : 046333 7294880

AUTHORIZATION :

COST LIMIT : \$ 125

ORDER DATE: March 10, 2014

ORDER TIME : 2:48 PM

ORDER NO. : 046333-035

CUSTOMER NO: 7294880

#### FOREIGN FILINGS

NAME: FIFTEEN HOMESTEAD HOA LOT

OWNER LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY \_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Harry B. Davis -- EXT# 2926

EXAMINER:

#### COVER LETTER

JECT: F	Fifteen Homestead	HOA Lot Own	er LLC				
-		N	ame of Limited	Liability Com	pany		
						act Business in Florid Impany to transact bu	
se return a	all correspondence c	oncerning this m	atter to the follo	owing:			
	Chris MacConr	ell					
			Name	of Person			<del>-</del>
	c/o Fifteen Gro	ab					
			Firm/C	ompany	•		_
	47 NE 36th Stre	et, Second Flo	or				_
			Ade	dress			
	Miami, Florida	33137					_
			City/State a	nd Zip Code			
	cmacconnell@f	fteengroup.con E-mail address: (		Subtre appual re	eport potifica	tion	_
irther info	ormation concerning			dense minua i	sport notifica	11011)	
a o lor trac	on conconning	, and matter, prea	.,c vaii.				
Chris	MacConnell	£p.	at	305	) 938-4315	Telephone Number	
		f Person			Daytime	elephone Number	
Divisi Regist P.O. E	LING ADDRESS: on of Corporations tration Section Box 6327 nassee, FL 32314		Registration Clifton Build	Corporations Section ding ive Center Circ	cie		
<b></b> .	1 1 5 4 6		•	1 6 32301			
	a check for the fo 25.00 Filing Fee	Ilowing amou \$130.00 Filin Certificate of	g Fee & 🔲	\$155.00 Filing Certified Cop	_	\$160.00 Filing Fee, ( of Status & Certified	



### FLORIDA DEPARTMENT OF STATE Division of Corporations

March 11, 2014

RESUBMIT

Please give original submission date as file date.

CSC HARRY DAVIS TALLAHASSEE, FL

SUBJECT: FIFTEEN HOMESTEAD HOA TOWNHOME OWNER LLC

Ref. Number: W14000015528

We have received your document for FIFTEEN HOMESTEAD HOA TOWNHOME OWNER LLC and the authorization to debit your account in the amount of \$125.00. However, the document has not been filed and is being returned for the following:

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick Regulatory Specialist II

Letter Number: 114A00005236



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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES. THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
Fifteen Homestead HOA Lot Owner LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the wriconsent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.")
2. Delaware  (Jurisdiction under the law of which foreign limited liability  (FEI number, if applicable)
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
J
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
c/o Fifteen Group, 47 NE 36th Street, Second Floor, Miami, FL 33137
(Street Address of Principal Office)
c/o Fifteen Group, 47 NE 36th Street, Second Floor, Miami, FL 33137
(Mailing Address)
7. The second of
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
fifteen Homestead LLC, Member
No Fifteen Group, 47 NE 36th Street, Second Floor, Miami, FL 33137
20 Fileen Group, 47 NC Sour Street, Second Froot, Milanti, F.C. 33137
Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of record
the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a
anslation of the certificate under oath of the translator must be submitted.)
( In March V
Signature of an authorized person
penalties of perjury that the facts stated herein are true. I am aware that any false information submitted that
document to the Department of State constitutes a third degree felony as provided for in s.817.155, F:S77
Chris MacConnell
(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted it accordance to the Department of State constitutes a third degree felony as provided for in s.817.155.
Typed of printed flame of signee
reconstruction of the contract

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The nam	ne of the Limited Liability Com	pany is:	
Fifteen Hom	nestead HOA Lot Owner LLC		
If unavailat	ole, the alternate to be used in th	ne state of Florida is:	
2. The nam	ne and the Florida street address	of the registered agent and office are:	
	Corporation Service Compar	пу	
		(Name)	<del></del>
	1201 Hays Street		
	Florida Street Ad	dress (P.O. Box NOT ACCEPTABLE)	_
	Tallahassee	FI. 32301	
		City/State/Zip	_
liability com registered ag statutes rela	pany at the place designated in gent and agree to act in this cap ting to the proper and complete	to accept service of process for the above this certificate, I hereby accept the appoir acity. I further agree to comply with the p performance of my duties, and I am famil stered agent as provided for in Chapter 6	ntment as provisions of all iar with and
	Corporation Service Company	Hary Blini.	HEITY B. Davis
	By: (Sign	ature) Hamps and	Asst. Vice President
	\$ 100.00 \$ 25.00 \$ 30.00 \$ 5.00	Designation of Registered Agent Certified Copy (optional)	2014 MAR 10 SECRETAP TALLAHAS

# Delaware

PAGE 1

#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "FIFTEEN HOMESTEAD HOA LOT OWNER

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 TENTH DAY OF MARCH, A.D.

2014.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FIFTEEN HOMESTEAD HOA LOT OWNER LLC" WAS FORMED ON THE TENTH DAY OF MARCH, A.D. 2014.

5494999 8300

140309385

AUTHENTICATION: 1193137

DATE: 03-10-14

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