

M140000001697

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

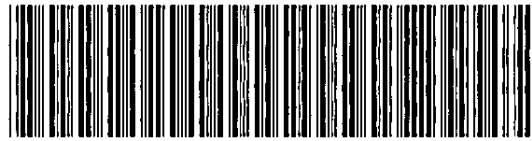
(Business Entity Name)

(Document Number)

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2014 MAR 10 PM 4:28

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DEPARTMENT OF STATE  
OFFICE OF REGISTRATION

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2014 MAR 10 AM 10:14

FILED

MAR 14 2013  
T. HAMPTON



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 046333 7294880

AUTHORIZATION :

COST LIMIT : \$ 125

A handwritten signature in black ink, appearing to read "Spencer", is written over the AUTHORIZATION field.

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

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

EXAMINER: \_\_\_\_\_

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Fifteen Homestead HOA Lot Owner 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:

Chris MacConnell  
Name of Person

c/o Fifteen Group  
Firm/Company

47 NE 36th Street, Second Floor  
Address

Miami, Florida 33137  
City/State and Zip Code

cmacconnell@fifteengroup.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Chris MacConnell at (305) 938-4315  
Name of Person Area Code Daytime Telephone Number

**MAILING ADDRESS:**  
Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, 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

046333-35



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

**RESUBMIT**

Please give original  
submission date as file date.

March 11, 2014

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), Authorized Person (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

RECEIVED  
DEPARTMENT OF STATE  
14 MAR 13 PM 10:53

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:

1. 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 written consent 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 company is organized)
3. (FEI number, if applicable)

4. (Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. c/o Fifteen Group, 47 NE 36th Street, Second Floor, Miami, FL 33137
(Street Address of Principal Office)

6. c/o Fifteen Group, 47 NE 36th Street, Second Floor, Miami, FL 33137
(Mailing Address)

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
Fifteen Homestead LLC, Member
c/o Fifteen Group, 47 NE 36th Street, Second Floor, Miami, FL 33137

8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

Handwritten signature of Chris MacConnell

Signature of an authorized person

(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 in this document to the Department of State constitutes a third degree felony as provided for in s.817.155.

Chris MacConnell

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 MAR 10 AM 10:14

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**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 name of the Limited Liability Company is:

Fifteen Homestead HOA Lot Owner LLC

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:

Corporation Service Company

(Name)

1201 Hays Street

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Tallahassee

FL

32301

City/State/Zip

*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 605, Florida Statutes.*

Corporation Service Company

By: \_\_\_\_\_

(Signature)



Harry B. Davis  
Asst. 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)

2014 MAR 10 AM 10:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

# 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



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 1193137

DATE: 03-10-14