

M14000001708

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

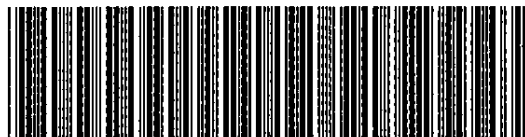
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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MAR 10 AM 11:01
TALLAHASSEE, FLORIDA

MAR 14 2014

D. B. JOE

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 11, 2014

CSC
HARRY B. DAVIS

RESUBMIT
Please give original
submission date as file date.

SUBJECT: FIFTEEN HOMESTEAD COA TOWNHOME OWNER LLC
Ref. Number: W14000015514

We have received your document for FIFTEEN HOMESTEAD COA 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:

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

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.

Deborah Bruce
Regulatory Specialist II

Letter Number: 914A00005233

2014 MAR 10 AM 11:01

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DEPARTMENT OF STATE
14 MAR 12 PM 10:51



COST LIMIT : \$ 125

CUSTOMER NO: 7294880

EXAMINER:

FILED
2014 MAR 10 AM 11:01
FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Fifteen Homestead COA Townhome 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

Name of Person

at 305

Area Code

938-4315

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

CLERK OF STATE
TALLAHASSEE-FLORIDA

2014 MAR 10 AM 11:01

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. Fifteen Homestead COA Townhome 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)

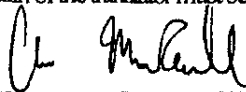
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are

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.)



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 a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Chris MacConnell

Typed or printed name of signee

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2014 MAR 10 AM 11:02

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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 COA Townhome 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

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) |

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CLERK OF STATE
TALLAHASSEE FLORIDA

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FIFTEEN HOMESTEAD COA TOWNHOME 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 COA TOWNHOME OWNER LLC" WAS FORMED ON THE TENTH DAY OF MARCH, A.D. 2014.

FILED
2014 MAR 10 AM 11:02
SECRETARY OF STATE
DEPARTMENT OF REVENUE
HALLMARKS OF FLORIDA

5494994 8300

140309360



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


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 1193118

DATE: 03-10-14