# M14800001711

(Re	equestor's Name)	
(Àc	ldress)	· · · · · · · · · · · · · · · · · · ·
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PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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## FLORIDA DEPARTMENT OF STATE Division of Corporations

March 10, 2014

CORPORATE ACCESS, INC.

TALLAHASSEE, FL

SUBJECT: POLARIS PROPERTY MANAGEMENT, LLC

Ref. Number: W14000015064

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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.

Tammi Cline Regulatory Specialist II

Letter Number: 414A00005115

## CORPORATE ACCESS, INC.

## "When you need ACCESS to the world"

236 East 6th Avenue . Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

	PICK T	UP: 3-7-1 <sup>L</sup> /	•	
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ĊβΥ	FILING	Foreign LLC		
<u>+</u>	POLATIS PROPER-	Ly Management, LLC		
			2014 SEC	
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#### **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Polaris Property Managem	ient, LLC	
***************************************	Name of Limited Liability Company	
	imited Liability Company for Authorization to Transact Business in Flo gister the above referenced foreign limited liability company to transact	
Please return all correspondence concern	ting this matter to the following:	
Karl Slovin		
	Name of Person	
c/o M West Holdings, I	LLC	20 13.5
	Firm/Company	F. 50
13949 Ventura Bouleva	ard, Suite 350	2014 MAR 13 SECORETAR MALANIA 99
	Address	P.79
Sherman Oaks, CA 914	123	
	City/State and Zip Code	10:44 10:44
kslovin@mwcstholdings	s.com	\$ <b>6</b>
E-m	nail address: (to be used for future unnual report notification)	<u></u>
For further information concerning this m	natter, please call:	
Karl Slovin	at (818 ) 501-5600	
Name of Contac	ct Person Area Code Daytime Telephone Number	эт
<b>MAILING ADDRESS:</b>	STREET ADDRESS:	
Division of Corporations	Division of Corporations	
Registration Section	Registration Section	•
P.O. Box 6327	Clifton Building	
Tallahassce, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301	
Enclosed is a check for the followi	ng amount:	
☐ \$125.00 Filing Fee ☐ \$13	10.00 Filing Fee & Cartified Copy of Status & Certified Copy	

### 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. Polaris Property Management, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "	L.L.C.," or "LLC	.")	
Polaris Florida Property Management LLC			
f name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The elability Company," "L.L.C," or "LLC.")	ltemate name mi	ist include	"Limited
California			
California  (Jurisdiction under the law of which foreign limited liability  (FE) number	. if applicable)		
company is organized)	,		
2/20/2014		2	
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, P.S. to determine penalty liability)	58	<u></u>	A Maria
c/o M West Holdings, LLC	177 177	至20	Y
13949 Ventura Boulevard, Suite 350, Sherman Oaks, CA	914 <b>23</b> <	$\overline{\omega}$	-
(Street Address of Principal Office)		7	
c/o M West Holdings, LLC, 13949 Ventura Boulevard, Suite 350, Sherman Oaks, CA 91423	L.F.	-E	-
	2 N	0	Arrive 17
(Mailing Address)		<u> </u>	
rl Slovin, Managing Member			<del></del> .
M West Holdings, LLC, 13949 Ventura Boulevard, Suite 350, Sherman Oaks, CA 91423			
			<del></del>
Attached is an original certificate of existence, no more than 90 days old, duly ving custody of records in the jurisdiction under the law of which it is organize teptable. If the certificate is in a foreign language, a translation of the certificate is be submitted)	d. (A photoco	opy is no	ot
Signature of an authorized person ecordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penaltica ware that any false information submitted in a document to the Department of State constitutes a third degree felony	of perjury that the f	acis sinted l' 817,155, F.	nerāin arē ( S.)
Robert Zimmerman Typed or printed name of signee			
Typed or printed name of signee			

## 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.

Polaris Property Management, LLC				
If unavailable, the alternate to	be used in the state of Florida is:			
Polaris Florida Prope	rty Management LLC	FE	201	
2. The name and the Florida st	reet address of the registered agent and office are:	SAKE INC.	HAR I 3	
M West	Holdings, LLC		779a *	ľ
	(Name)	E STA		Ċ
17 Davis Boulev		<u>5</u> ~	90	
Flo	orida Street Address (P.O. Box NOT ACCEPTABLE)	,e.,>	•	
Tampa	FL 33606			
	City/State/Zip	<del></del>		

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.

\$ 100.00 Filing Fee for Appli

(Signature)

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

# **State of California**Secretary of State

#### **CERTIFICATE OF STATUS**

ENTITY NAME: POLARIS PROPERTY MANAGEMENT, LLC

FILE NUMBER:

201121610410

FORMATION DATE:

07/26/2011

TYPE:

DOMESTIC LIMITED LIABILITY COMPANY

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of March 4, 2014.

**DEBRA BOWEN**Secretary of State