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.

(((H14000067620 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 Account Number: 075410002143

: WHITE & CASE

Phone

: (305)371-2700

Fax Number

; (305)358-5744

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

Foreign Limited Liability Company DT Miami LLC

Certificate of Status	1
Certified Copy	1
Page Count	93 4
Estimated Charge	\$160.00

1509055-000)

Electronic Filing Menu

Corporate Filing Menu

Help

.

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 IJMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

TOREIGN I MITED LIABILITY COMPANY TO TRANSACT BUSINESS, IN THE STATE OF FLORIDA: 1 DT MIAMI LLC		
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L T.," or "LLC.	*	-
off name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name multishifty Company," "L.L.C." or "L.L.C.")	st include "Lir	niled
, Delaware		
Unrisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)		-
Jupon qualification	Z	7
(Date first transacted businets in Florids, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability)		¥.
2855 LeJeune Road, 4th Floor, Coral Gables, FL 33134	77.57	R 20
	m _e	1
(Sirest Address of Principal Office)	701	عد. اب
6. 2855 LeJeune Road, 4th Floor, Coral Gables, FL 33134	<u> </u>	5
	DE A	\D
(Mailing Address)		-
7. The name, title or capacity and address of the person(s) who has/have authority to manage	is/arc:	
Florida East Coast Industries, LLC AMBR 2855 LeJeune Rd. 4th FL Coral Gables, I		
Additional names attached		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
S. Attached is an original certificate of existence, no more than 90 days old, duly authenticated taking custody of records in the jurisdiction under the law of which it is organized. (A photocoecceptable. If the certificate is in a foreign language, a translation of the certificate under eath countries to submitted)	py is not	
Signature of an authorized person In incoordance with section 605 0203. F.S., the execution of this document constitutes an affirmation under the penalties of actuary that the him aware that any falsa influential submitted in a document to the Department of State constitutes a third degree follow his provided for in a	icts signed hereic R17 (55, F.S.)	n are true I
Kolleen Cobb		

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.

DT MIAMI LLC				
lf unavailable	e, the alternate to be used in	the state of Florida is:		
2. The name	and the Florida street address	s of the registered agent and office are:	****	
	Kolleen Cobb			
		(Namc)		
	2855 LeJeune	Road, 4th Floor		
	Florida Street Address (P.O. Box NOT ACCEPTABLE)			
	Coral Gables	FL 33134		
		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.

(Signature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

7. The name, title or capacity and address of the persons who have authority to manage are (continued):

OFFICERS:

President	Vincent Signorello	2855 LeJeune Road, 4 nd FL, Coral Gables, FL 33134
Vice President	Mike Reininger	2855 LeJeune Road, 4nd FL, Coral Gables, FI. 33134
Vice President Treasurer	Rusty Godoy	2855 LeJeune Road, 4nd FL, Coral Gables, FL 33134
Vice President and Secretary	Kolleen Cobb	2855 LeJeune Road, 4nd FL, Coral Gables, FL 33134
Vice President Assistant Sec	Rafael Rodon	2855 LeJeune Road, 4nd FL, Coral Gables, FL 33134

Delaware

DAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "DT MIAMI 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 TWENTIETH DAY OF MARCH, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DT MIAMI LLC" WAS FORMED ON THE THIRTY-FIRST DAY OF OCTOBER, A.D. 2013.

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

5424386 8300

140357118

You may verify this certificate online at corp. delevere.gov/authver.ehtml

Jeffrey W Bullock, Secretary of State

DATE: 03-20-14