# M14000003028

(Re	equestor's Name)	<del></del>	
(Ad	ldress)		
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PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nan	ne)	
(Do	ocument Number)		
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			
W14-9	16158		

Office Use Only



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B. EOSTICK

MAY - 6 2014

FYAMINER

#### **COVER LETTER**

SUBJECT:	Name of Limited Liability Company
	ign Limited Liability Company for Authorization to Transact Business in Florida," Certificate o to register the above referenced foreign limited liability company to transact business in Florida
Please return all correspondence c	ncerning this matter to the following:
Charle	3 J Bruck
	Name of Person
<del></del>	Firm/Company
701 S.	Howard, Suite 106-322
<del>- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1</del>	Address
Tampa	Florida, 33606
	City/State and Zip Code
chas@	soho-capital.com
<del>-                                    </del>	E-mail address: (to be used for future annual report notification)
For further information concerning	this matter, please call: 753-2484
C Bruck	<sub>at</sub> 813 200 2735
Name o	Contact 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

### 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:

If name unavailable, enter alternate name adopted for the purpose of trans iability Company," "L.L.C," or "L.L.C.")	acting business in Florida. The alternate name must include "Limite
State of Delaware	45-6234399
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
May 1, 2014	
(Date first transacted business in Flo (See sections 605.0904 & 605.0905, F.S.	orida, if prior to registration.) S. to determine penalty liability)
701 S Howard Ave, Suite 106-3	
Tampa, FI 33606	
(Street Address of	Principal Office)
701 S Howard Ave, Suite 106-3	22
Tampa, FI, 33606	
(Mailing &	Address)
. The name, title or capacity and address of the person	n(s) who has/have authority to manage is/are:
Charles J Bruck - MANAGER -	701 s Howard Aveste 106-322 Tr
Adam M Harden - MANAGER.	701 S. Howard Ave Ste 106-32:
	TAMPA, FL 33609
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

Charles J Bruck

Typed or printed name of signee

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.)

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

## 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	of the Limited Liabili	ity Company is:			
Ashley Glen Land Holdings LLC, a Delaware limited liability company					
If unavailable,	the alternate to be u	sed in the state of Florida is:			
2. The name a	nd the Florida street	address of the registered agent and office are:			
Charles J Bruck			15.7		
		(Name)			
	701 S Ho	ward, Suite 106-322	*		
	Florida	Street Address (P.O. Box NOT ACCEPTABLE)	<del>-</del>		
	Tampa	33606 FL	·· -		
		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)

# Delaware

#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ASHLEY GLEN LAND HOLDINGS, 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 TWENTY-SECOND DAY OF APRIL, A.D. 2014.

5399094 8300

140495932

AUTHENTICATION: 1307800

DATE: 04-22-14

Jeffrey W. Bullock, Secretary of State

# Delaware

PAGE 3

### The First State

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

DELAWARE, DO HEREBY CERTIFY "ASHLEY GLEN LAND HOLDINGS, 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 THIRTEENTH DAY OF SEPTEMBER, A.D.

2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ASHLEY GLEN LAND HOLDINGS, LLC" WAS FORMED ON THE THIRTEENTH DAY OF SEPTEMBER, A.D. 2013.

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

5399094 8300

131086889

Jeffrey W. Bullock, Secretary of State AUTHENTY CATION: 0736500

DATE: 09-13-13

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



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

April 24, 2014

CHARLES J. BRUCK 701 S. HOWARD, SUITE 106-322 TAMPA, FL 33606

SUBJECT: ASHLEY GLEN LAND HOLDINGS LLC

Ref. Number: W14000026158

We have received your document for ASHLEY GLEN LAND HOLDINGS LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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: 914A00008833