### Florida Department of State

**Division of Corporations** Electronic Filing Cover Sheet

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Fax Number : (850) 617-6383

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#### Foreign Limited Liability Company 171 EL PUEBLO WAY, LLC

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

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#### COVER LETTER

	gistration Section vision of Corporations					
SUBJECT	171 EL PUEBLO WAY, LL	.c				•
		Name of Lin	ilted Liability Com	pany		
The enclose Existence, a	d "Application by Foreign Lin and check are submitted to regi	nited Liability Com later the above refer	pany for Authoriza renced foreign limit	tion to Trac ed liability	sact Business in Florid company to transact bu	a," Certificate of siness in Plorida
Please retur	n all correspondence concerni	ng this matter to the	following:			
	MAURA A. ZISKA					. network
		Ni	ame of Person			2014 MAY -7 DECAETAIN ALLAHASSI
	KOCHMAN & ZISKA	PLC				A PARTIES
		, Pi	irm/Company			HARY ASSE
	222 LAKEVIEW AVEN	IUE, SUITE 1500				
			Address			PHIP: 2
	WEST PALM BEACH,	FL 33401	•			
		City/S	tate and Zip Code			_
	MZISKA@FLORIDAW					
	E-mail	address: (to be used	for fiture annual r	report notif	ication)	<del></del>
For further i	information concerning this ma	atter, please call:				
M	AURA A. ZISKA		at (561	802-896	0	
-	Name of Perso	n	Area Code	Daytim	e Telephone Number	<b></b>
Di <sup>*</sup> Re	AILING ADDRESS: vision of Corporations gistration Section	Divisio Registr	ET ADDRESS: m of Corporations ation Section			
	), Box 6327 ilahassea, FL 32314	2661 E	Building Executive Center Cir Exec, FL 32301	rcle		
Enclosed	is a check for the following	ng amount:				
		0.00 Filing Fee & tificate of Status	\$155.00 Filin Certified Cor		of Status & Certific	

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 603.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

LIMITED LIABILITY COMPANY T	OTRANSACT BUSINESS IN THE STAT	BOFFLORIDA:	
1. 171 EL PURBLO WAY, LLC	Liability Company: most include 41 in	nited Liability Company," "L.L.C.," or	THE COME
(	maning company, man monage the	med mading company, 1825,00, or	<i>LL</i> ., <i>j</i>
(If name unavailable, enter alternations of the managers or manager Company," "L.L.C," "LLC,"	ste name adopted for the purpose of trailing members adopting the alternate na	ansacting business in Florida and anach me. The alternate name must include "I	a copy of the writter Limited Liability
2. DBLAWARB	3		
(Jurisdiction under the law of v company is organized)	which foreign limited liability	(FEI number, if applicable)	
4. N/A			Manual .
(Date ) (See se	e first transacted business in Florida, li ections 605.0904 & 605.0905, P.S. to	prior to registration.) determine penalty liability)	20141 1250
5. c/o KOCHMAN & ZISKA P	LC, 222 LAKEVIEW AVENUE, SUI	TB 1500	
WEST PALM BEACH, FL 3			SSS I
· · · · · · · · · · · · · · · · · · ·	(Street Address of Prin	cipal Office)	En En
6. c/o KOCHMAN & ZISKA PI	.C, 222 LAKEVIEW AVENUE, SUI	TE 1500	
WEST PALM BEACH, FL 3	3401		
	· (Mailing Add	7693)	
7. The name, title or capac	ity and address of the person(s)	who has/have authority to manag	ge is/arc:
MAURA A. ZISKA, MANAGE	R		······
222 LAKEVIEW AVENUE, SU	TTB 1500		
WEST PALM BEACH, FL 3340	01		
in the jurisdiction under the law of		d, duly anthemicated by the official havin not acceptable. If the certificate is in a for )	
*****	Naveizon		
(In annualman with	Signature of an auth	Orized person bis document constitutes on affirmation un	der the
penalties of pedjur	y that the facts stated herein pre true, I am	and document constitutes an attenuation subm i aware that any false information subm i degree felony as provided for in \$.517	litted in a
MAU	RA A. ZISKA		
	Typed or printed name	s of signes	

Section 1

## 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 na	me of the Limited Liability (	Company is:		
171 EL PU	EBLO WAY, LLC			
If unavails	ble, the alternate to be used	in the state of Florida is:		
2. The na	me and the Florida street add	iress of the registered agent and office are:		
	C T Corporation System		2014 MAY	
		(Name)		1
	1200 South Pine Island R	oad ·	-7 59E	****
•	Florida Stre	set Address (P.O. Box NOT ACCEPTABLE)		
	Plantation	FL 33324 City/State/Zlp	PMI2:27	(")

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.

By: (Signature)

Sandra Stewart
Assistant Secretary

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

# Delaware

PAGE

## The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "171 EL PUEBLO WAY, 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 SEVENTH DAY OF MAY, A.D. 2014.

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

5508598 8300

140580201

You may verify this certificate online

jelfrey W. Bullack, Secretary of State

DATE: 05-07-14