Division of Corporations Electronic Filing Cover Sheet

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(((H14000118442 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: FLAGLER DEVELOPMENT GROUP,

Account Number : 120020000144

Phone Fax Number : (305)520-2344 : (305)520-2400

annual report mailings. Enter only one email address please.**

Email Address: Kolleen. Cobb @ FECT

**Enter the email address for this business entity to be used for future

Foreign Limited Liability Company Section 5 LLC

Certificate of Status Certified Copy 0 Page Count 93 Estimated Charge \$125.00 MAY 21 2014

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May 20, 2014

FLORIDA DEPARTMENT OF STATE

Division of Corporations

FLAGLER DEVELOPMENT GROUP, LLC

SUBJECT: SECTION 5 LLC

REF: W14000031574

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

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 FAX Aud. #: H14000118442 Letter Number: 614A00010806

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4 HAY 20 AM 10: 44
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

H14000118442 3

COVER LETTER

	stration Section ion of Corporations			
SUBJECT: S	SECTION 5 LLC			
		me of Limited Liability Company		
The enclosed 'Existence, and	Application by Foreign Limited Liab check are submitted to register the a	pility Company for Authorization to Transact Business in Flo bove referenced foreign limited liability company to transact	rida," Certific business in Fl	ate of lorida
Please return a	If correspondence concerning this ma	atter to the following:		
	Kolleen Cobb			
		Name of Person	2014 KMY 20	
	c/o Florida East Coast Industries, LLC			£#(* ₩3 ¥
		Firm/Company	图 72	an is ab Symples
	2855 LeJeune Road, 4th I	Floor	77.	9 9***
		Address		έ. έ.
	Coral Gables, Florida 331	34	10 10 04	······································
		City/State and Zip Code		
	kolleen.cobb@feci.com			
	E-mail address: (to be used for future annual report notification)		
For further info	ormation concerning this matter, pleas	se call:		
Kolle	een Cobb	at (305) 520-2344		
	Name of Person	Area Code Daytime Telephone Number		
Divisi Regist P.O. B	ung ADDRESS: on of Corporations ration Section Box 6327 assec, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		
	a check for the following amou 15.00 Filing Fee \$130.00 Filing Certificate of	g Fee & 🔲 \$155.00 Filing Fee & 🔲 \$160.00 Filing Fe		

H14000118442 3

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

UMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1. SECTION 5 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 writ 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 fimited liability (FE) number, if applicable)
company is organized) 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 Florida East Coast Industries, LLC, 2855 LeJeune Road, 4th Floor
Coral Gables, FL 33134 Attn: Vincent Signorello and Kolleen Cobb
(Street Address of Principal Office)
6. <u>c/o Florida East Coast Industries, LLC, 2855 LeJeune Road, 4th Floor 第章</u> 👄 🗅
Coral Gables, FL 33134 Attn: Vincent Signorello and Kolleen Cobb
(Mailing Address)
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are.
FGL Property Company LLC, a Delaware limited liability company, Member
c/o Florida East Coast Industries, LLC, 2855 LeJeune Road, 4th Floor
Coral Gables, FL 33134
8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of record 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 1 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.) Kolleen Cobb, Vice-President
Typed or printed name of signee

H140001184423

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:

SECTION	5 LLC		
lf unavailabl	e, the alternate to be used in the state of Florida is:		
	·	7. 8	
2. The name	and the Florida street address of the registered agent and office are:	20 HAY 20 SECRETARI TALLAHASS	
	Kolleen Cobb		
	(Name)	M D: OL	
	2855 LeJeune Road, 4th Floor		
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	— <u>`</u>	
	Coral Gables _{FL} 33134		
	City/State/Zip	_	
liability compregistered ag statutes relati	named as registered agent and to accept service of process for the above pany at the place designated in this certificate. I hereby accept the appoint and agree to act in this capacity. I further agree to comply with the ing to the proper and complete performance of my duties, and I am familigations of my position as registered agent as provided for in Chapter (Signature)	intment as provisions of all iliar with and	
	\$ 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 "SECTION 5 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.

8300

140578824

AUTHENT CATION: 1351346

DATE: 05-07-14