6/10/2014 10:24:13 From: To: 8506176383

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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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	Division of Corporations	سرئين		2
	Fax Number : (850)617-6383	ing.	P	-=
From:	Account Name : C T CORPORATION SYSTEM	STATE LORID	1 3	

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

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Foreign Limited Liability Company 199 Sunbeam Realty, LLC

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

COVER LETTER

UBJECT:	199 Sunbeam Reali	y, LLC		
			nited Liability Company	
he enclosed ' xistence, and	"Application by Fo	reign Limited Liability Co ed to register the above re	ompany for Authorization ferenced foreign limited l	to Transact Business in Florida," Certific iability company to transact business in F
ease return :	all correspondence	concerning this matter to	the following:	
	Nicole Maddrey	,		
			Name of Person	
	Graham Holdin	gs Company		
			Firm/Company	
	1150 15th Stree	t, N.W.		
			Address	
	Washington, Di			
		Cit	y/State and Zip Code	
	Niccole.Maddre			
		E-mail address: (to be t	ised for future annual report	notification)
or further inf	ormation concernit	g this matter, please call:		
John	Gerhard		at (²¹²) 4	74-1494
	Name	of Contact Person	Area Code	Daytime Telephone Number
MAI Divis	LING ADDRESS:	STR	EET ADDRESS: sion of Corporations	
	stration Section		stration Section	
-	Box 6327		on Building	
rana	hassee, FL 32314		Executive Center Circle shassee, FL 32301	
nclosed is	a check for the	following amount:		

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. 199 Sunbeam Realty, LLC	
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "Li	"C.," or "I.t.C.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternative transacting business in Florida. The alternative transacting business in Florida.	anate name must include "Limited
2. Delaware 3. 47-1043801	
(Jurisdiction under the law of which foreign limited liability (FEI number, is company is organized)	applicable)
4. upon filing	 1
(Date lirst transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	
5. c/o Graham Holdings Company, 1150 15th Street, N.W., Washington, DC 20071	
	355. 355. 355. 355.
(Street Address of Principal Office)	
6. c/o Graham Holdings Company, 1150 15th Street, N.W., Washington, DC 20071	
	RATION IN
(Mailing Address)	5.11
Nicole Maddrey - Manager c/o Graham Holdings Company	
1150 15th Street, N.W., Washington, DC 20071	
8. Attached is an original certificate of existence, no more than 90 days old, duly a having custody of records in the jurisdiction under the law of which it is organized acceptable. If the certificate is in a foreign language, a translation of the certificate must be submitted)	. (A photocopy is not
Dirol Gradding	
Signature of an approximation person (In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of am aware that any false information submitted in a document to the Department of State constitutes a third degree folians as	
Nicole Maddrey	
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.

1. The name o	f the Limited Liabilit	y Company is:			
199 Sunbeam Re	alty, LLC				
If unavailable,	the alternate to be use	ed in the state of Florida is:			
2. The name a	nd the Florida street :	address of the registered agent and office are:	TALL A	14 JI	Marayan ay
	C T Corporation Syste	m	5.		Windowski -
		(Name)	1000 1000 1000 1000 1000 1000 1000 100	9 01	35.0000 13400 13400 13400 13400 13400 13400 13400 13400 13400 13400 13400 13400 13400 13400 13400 13400 13400
	1200 South Pine Island	d Road	-1	2	j
	Florida	Street Address (P.O. Box NOT ACCEPTABLE)	STATE LORIDA	<u> </u>	
	Plantation	FL 33324			
		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.

C T Corporation Sy By:	stem Courie 8	шан	Connis	EdyGar
	(Signature)	8	Assistant	

\$ 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 "199 SUNBEAM REALTY, LLC" IS DULY FORMED UNDER THE LANS 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 NINTH DAY OF JUNE, A.D. 2014.

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

5533207 8300

140812779

AUTHENTICATION: 1435867

DATE: 06-09-14