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(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
•
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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T. Bureh JUN 2.6. 2014



ACCOUNT NO. : I2000000195

REFERENCE : 190639

AUTHORIZATION :

COST LIMIT

ORDER DATE: June 24, 2014

ORDER TIME : 1:17 PM

ORDER NO. : 190639-015

CUSTOMER NO: 7550590

#### FOREIGN FILINGS

NAME: HERTZ JACKSONVILLE ONE

JR MEZZANINE, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

\_\_\_ PLAIN STAMPED COPY

\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Gray -- EXT# 62925

EXAMINER:

#### **COVER LETTER**

**Division of Corporations** Hertz Jacksonville One Jr Mezzanine, LLC Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida." Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all

TO:

Registration Section

Please return all correspondence concerning this matter to the following:
John D. Forbess, Esq.
Name of Person
Hertz Investment Group, LLC
Firm/Company
1522 2nd Street
Address
Santa Monica, CA 90401
City/State and Zip Code
johnf@hertzgroup.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
John D. Forbess 310 584-8004

Joh

Name of 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 Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee □ \$130.00 Filing Fee & Certificate of Status

□ \$155.00 Filing Fee & Certified Copy

■ \$160.00 Filing Fee, Certificate of Status & Certified Copy

### 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 transacting business in F4 Liability Company," "L.L.C." or "LLC.")	orida. The alternate name must include "Lin	nited		
<sub>2.</sub> Delaware <sub>3.</sub> Pending				
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)				
		La fodes		
4(Date first transacted business in Florida, if prior to regist (See sections 605.0904 & 605.0905, F.S. to determine penal	tration.) ty liability)			
<sub>5.</sub> 1522 2nd Street	man (Market Company)	 		
Santa Monica, CA 90401		Examp		
(Street Address of Principal Office)	<u> </u>			
<sub>5.</sub> 1522 2nd Street				
		-		
Janta Muhica, CA 3040 i				
Santa Monica, CA 90401 (Mailing Address)		-		
(Mailing Address)	ve authority to manage is/are:	-		
(Mailing Address)  7. The name, title or capacity and address of the person(s) who has/hav	<u> </u>	-		
(Mailing Address) 7. The name, title or capacity and address of the person(s) who has/hav Hertz Jacksonville One Manager, Inc., Manage	<u> </u>	-		
(Mailing Address) 7. The name, title or capacity and address of the person(s) who has/hav Hertz Jacksonville One Manager, Inc., Manage 1522 2nd Street	<u> </u>	-		
(Mailing Address) 7. The name, title or capacity and address of the person(s) who has/hav Hertz Jacksonville One Manager, Inc., Manage 1522 2nd Street	<u> </u>	-		
(Mailing Address) 7. The name, title or capacity and address of the person(s) who has/hav Hertz Jacksonville One Manager, Inc., Manage 1522 2nd Street Santa Monica, CA 90401	PF	- - -		
(Mailing Address)  7. The name, title or capacity and address of the person(s) who has/hav Hertz Jacksonville One Manager, Inc., Manage 1522 2nd Street  Santa Monica, CA 90401  8. Attached is an original certificate of existence, no more than 90 days	old, duly authenticated by the off	- - - icial		
(Mailing Address)  7. The name, title or capacity and address of the person(s) who has/have Hertz Jacksonville One Manager, Inc., Manage 1522 2nd Street  Santa Monica, CA 90401  8. Attached is an original certificate of existence, no more than 90 days are aving custody of records in the jurisdiction under the law of which it is acceptable. If the certificate is in a foreign language, a translation of the	old, duly authenticated by the off			
(Mailing Address)  7. The name, title or capacity and address of the person(s) who has/have Hertz Jacksonville One Manager, Inc., Manage 1522 2nd Street  Santa Monica, CA 90401  8. Attached is an original certificate of existence, no more than 90 days are averaged as a paying custody of records in the jurisdiction under the law of which it is acceptable. If the certificate is in a foreign language, a translation of the	old, duly authenticated by the off			
	old, duly authenticated by the off			
(Mailing Address)  7. The name, title or capacity and address of the person(s) who has/have Hertz Jacksonville One Manager, Inc., Manage 1522 2nd Street  Santa Monica, CA 90401  8. Attached is an original certificate of existence, no more than 90 days are aving custody of records in the jurisdiction under the law of which it is acceptable. If the certificate is in a foreign language, a translation of the	old, duly authenticated by the off sorganized. (A photocopy is not certificate under oath of the trans			

**Executive Vice President/ Secretary** 

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 of	of the Limited Liability	Company is:			
Hertz Jackson	ville One Jr Mezzanine, L	LC			
If unavailable,	the alternate to be use	d in the state of Florida is:			
2. The name a	and the Florida street ac	ddress of the registered agent and office are:	, Sc	14.	~ a,\\d <sub>\d</sub>
•	Corporation Service C	Company		Ē	j g servens
	(Name)			S	inter anna
	1201 Hays Street		1	PN L	
	Florida St	reet Address (P.O. Box NOT ACCEPTABLE)		F: 1:5	True #
	Tallahassee	32301 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.

Corporation Service Company

By: Chily Horay Asst VF

(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

PAGE 1

### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "HERTZ JACKSONVILLE ONE JR
MEZZANINE, 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-FIFTH
DAY OF JUNE, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HERTZ JACKSONVILLE ONE JR MEZZANINE, LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF JUNE, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE

NOT BEEN ASSESSED TO DATE.

5557062 8300

140880750

Jeffrey W Bullock, Secretary of S

AUTHENTY CATION: 1484226

DATE: 06-25-14

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