Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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Foreign Limited Liability Company XZYZ II, LLC

Certificate of Status	0
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JUL 15 2016

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Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

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SUBJECT:	XZYZ II, LLC						
		Name of Lim	ited Liability Compan	У		_	
The enclosed Existence, an	"Application by For d check are submitte	eign Limited Liability Co d to register the above ref	mpany for Authoriza Grenced foreign limi	ation to Tra ited liability	nsact Business in Florida company to transact bu	a," Contifica siness in Pla	ite of oride
Please return	all correspondence o	concerning this matter to the	he following:				
	Eric Elchenholu	:					
			Name of Person			e ∵e'	~ 3
	Palatine Capital	Partners					2014 规L
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		City	/State and Zip Code			<u>स्</u> रक्ष	ŒΠ
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Eric	Eichenholtz		st (212	850-220	8	_	
	Name o	Contact Person	Area Code	Day	time Telephone Number	_	
Divis Regis P.O.	LING ADDRESS: tion of Corporations stration Section Box 6327 hussee, FL 32314	Divisi Regis Cliño 2661	LET ADDRESS: con of Corporations tration Section in Building Executive Center Ct. Lassee, FL 32301	rele			
	a check for the fi 25.00 Filing Fee	ollowing amount; I \$130.00 Filing Fee & Certificate of Status	\$155.00 Pilin Certified Co		S160.00 Filing Fee, to		

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:

ability Company,""LL.C," or "LLC.") Delaware 3.	
urisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)	
7/10/2014	
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	
950 Third Avenue, Suite 3 100	j=1 (m = ± 2 m ≥ ± ≤ §
NY, NY 10022 (Street Address of Principal Office)	- <u>Of</u> -
950 Third Avenue, Suite 3100	و دري اوري
NY, NY 10022 (Mailing Address)	<u>्र</u>
The name, title or capacity and address of the person(s) who has/have authority to mana	10 m
(Making Address) The name, title or capacity and address of the person(s) who has/have authority to mans ric Eichenholtz - Controller lex Hurst - Managing Member	10 m
. The name, title or capacity and address of the person(s) who has/have authority to mana ric Eichenholtz - Controller lex Hurst - Managing Member	ge is/are:
. The name, title or capacity and address of the person(s) who has/have authority to mana	ge is/are:
The name, title or capacity and address of the person(s) who has/have authority to mana ric Eichenholtz - Controller lex Hurst - Managing Member Attached is an original certificate of existence, no more than 90 days old, duly authentical tring custody of records in the jurisdiction under the law of which it is organized. (A photocoptable. If the certificate is in a foreign language, a translation of the certificate under oa	ge is/are: ted by the officiocopy is not the translat

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 Limit	ted Liability Company is:			
XZYZ II, LLC				
If unavailable, the alterna	te to be used in the state of Florida is:	igna wat (wi prompt)	2114 JUL	
2. The name and the Flor	rida street address of the registered agent and office are:	7.5. 6.5.		
C T Corpo	oration System	THE	3300	ĩ
· · · · · · · · · · · · · · · · · · ·	(Namo)	178 (1) 1 177 (1) 1	7	Ľ.
1200 Sout	h Pine Island Road		ණ ජා	
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	,		
Plantation				
	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.

By:

C T Composition System

Assistant Secretary

(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 '

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "XZYZ II, 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 ELEVENTH DAY OF JULY, A.D. 2014.

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

5566628 8300

140946081

You may verify this certificate online at corp.delaware.gov/authver.ahtml Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 1528683

DATE: 07-11-14