Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TRIAD PROFESSIONAL SERVICES, LLC

Account Number : 120020000094

Phone : (770)777-2091 Fax Number : (770)220-1943

				address										
)	巴西an	nual	repor	t mailin	gs.	Enter	only	one	email	add	res	s ple	ase.	**

Email Address:

Foreign Limited Liability Company AMBER HOUSE, LLC

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Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

Electronic Filing Menu

https://efile.sunbiz.org/scripts/efilcovr.exe

Corporate Filing Menu

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COVER LETTER

TO:	Registration Section
	Division of Corporation

CT: AMBER HOUSE, 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 correspondence concerning this matter to the following:

□ \$125.00 Filing Fee □ \$130.00 Filing Fee &

Certificate of Status

Sharon K. Gray	•					
	Name of Person					
Triad Profession	Triad Professional Services, LLC					
	Firm/Company					
1720 Windward	Concourse, Ste. 390					
	Address					
Alpharetta, GA	30005					
Notice to the second of the se	City/State and Zip Code					
E-mail address: For further information concerning this matter, please	(to be used for future annual report notification) se call:					
Sharon K. Gray	at 770 , 777-2091					
Name of Contact Person	Area Code Daytime Telephone Number					
MAILING ADDRESS: Division of Corporations Registration Section	STREET ADDRESS: Division of Corporations					
P.O. Box 6327	Registration Section Clifton Building					
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassec, FL 32301					
Enclosed is a check for the following amou	nt:					

■ \$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:

I. AMBER HOUSE, 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. The alternate name must include "Limited Liability Company," "L.L.C." or "L.L.C.")
2 Delaware 3.
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
4. Upon qualification
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 200 Biscayne Blvd. Way, Ste. 4709
Miami, FL 33131
(Suret Address of Principal Office)
6. 200 Biscayne Blvd. Way, Ste. 4709
Miami, FL 33131 등을 표
(Mailing Address)
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
TR Develop, LLC (MGRM)
200 Biscayne Blvd. Way, Ste. 4709
Miami, FL 33131
8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records 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 603,0203, F.S., the execution of this document constitutes an affirmation under the ponalties of perjury that the facts stated herein are true arm 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.)
Steve Bassin
Typed or printed name of signec

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: AMBER HOUSE, LLC						
If unavailable	e, the alternate to be used	in the state of Florida is:				
2. The name	and the Florida street ad	dress of the registered agent and office are:				
	NRAI Servic					
	(Næme)					
	1200 South Pine Island Road					
	Florida Street Address (P.O. Box NOT ACCEPTABLE)					
	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.

(Signature)

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

Delaware

PAGE

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AMBER HOUSE, 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 THIRTIETH DAY OF JULY, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AMBER HOUSE, LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF JULY, A.D. 2014.

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

5577318 8300

141011378

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

AUTHENTICATION: 1579582

DATE: 07-30-14

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