

Division of Corporations

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MI400005457

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

RE-SUBMIT

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

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

Email Address: _____

RECEIVED

14 JUL 31 AM 6:54

STATE OF FLORIDA
TALLAHASSEEFLORIDA
SECRETARY OF STATE
DIVISION OF CORPORATIONS

14 JUL 30 AM 8:27

**Foreign Limited Liability Company
ID Oviedo Mall, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	056
Estimated Charge	\$125.00

07/30/2014
J. HARRIS

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ID Oviedo Mall, 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:

Linda D. Elliott, Esquire

Name of Person

Miller, Earle & Shanks, PLLC

Firm/Company

560 Neff Avenue, Suite 200

Address

Harrisonburg, VA 22801

City/State and Zip Code

lelliott@harrisonburglaw.com

E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Linda D. Elliott, Esquire

Name of Contact Person

at (540

Area Code

) 564-1555

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

7/31/2014 10:18:48 From: To: 8506176383

(2/6)

850-617-6381

7/31/2014 10:12:53 AM PAGE 1/001 Fax Server



July 31, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

C T CORPORATION SYSTEM

RE-CHARGE

SUBJECT: ID OVIEDO MALL, LLC
REF: W14000046843

RECEIVED
Division of Corporations
Date of submission 7/30

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.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

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.

Jenna D Harris
Regulatory Specialist II

FAX Aud. #: H14000180253
Letter Number: 614A00016377

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STATE OF FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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14 JUL 30 AM 8:27
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**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. ID Oviedo Mall, 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 "LLC.")

2. Virginia

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 47-1414182

(EIN number, if applicable)

4. (Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)5. 4061 Quarry Court, Harrisonburg, VA 22801

(Street Address of Principal Office)

6. P. O. Box 13015, Ashburn, VA 20146

(Mailing Address)

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Benino Scotto, P. O. Box 13015, Ashburn, VA 20146 (Manager)

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 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I 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.817.153, F.S.)

Benino Scotto

manager

Typed or printed name of signee

 SECRETARY OF STATE
DIVISION OF CORPORATIONS

14 JUL 30 AM 8:27

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:

ED Orlando Mall, LLC

If unavailable, the alternate to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

CT Corporation System

(Name)

1200 South Pine Island Road

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Plantation

FL 33324

City/State/Zip

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

14 JUL 30 AM 8:27

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: Jennifer Vincent
CT Corporation System
(Signature)

Jennifer Vincent
Vice President & Assistant Secretary

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

Commonwealth of Virginia



State Corporation Commission

CERTIFICATE OF FACT

I Certify the Following from the Records of the Commission:

That ID Oviedo Mall, LLC is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

That the date of its organization is July 24, 2014; and

That the limited liability company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.

*Signed and Sealed at Richmond on this Date:
July 30, 2014*

Joel H. Peck

Joel H. Peck, Clerk of the Commission

