# M1400005700

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
WIY-48000, Title				

Office Use Only



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SUFFICIENCY OF FILING

DEPARTHENT OF SIME

FILED Aug 11, 2014 08:00 AM Secretary of State

> AUG 11 2014 D. BRUCE



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

August 6, 2014

FLORIDA FILING & SEARCH SERVICES, INC. LG US 1 & JENSEN BEACH BLVD., LLC ABBIE HODGE

SUBJECT: LG US 1 & JENSEN BEACH BLVD., LLC

Ref. Number: W14000048000

We have received your document for LG US 1 & JENSEN BEACH BLVD., LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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, pleas (850) 245-6051.

Barbara Bostick Regulatory Specialist II

Letter Number: 614A00016

DEPARTMENT OF STATE

### FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

8/8/14

NAME: LG US 1 & JENSEN BEACH BLVD, LLC

TYPE OF FILING: APPLICATION

**FILED** Aug 11, 2014 08:00 AM **Secretary of State** 

COST:

160.00

RETURN: CERTIFIED COPY AND GOOD STANDING PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

#### **COVER LETTER**

TO:	Registration Section Division of Corporations					
SUBJE	UBJECT: LG US 1 & Jensen Beach Blvd, LLC  Name of Limited Liability Company					
The enc Existence	losed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of the and check are submitted to register the above referenced foreign limited liability company to transact business in Florida					
Please r	eturn all correspondence concerning this matter to the following:					
Nedra Leach - nedra@leoncapitalgroup.com  Name of Person						
	Capitol Services - Corporate Filings Team Firm/Company					
	800 Brazos Ste 400 Address					
	Austin TX 78701 City/State and Zip Code					
Scott@leoncapitalgroup.com  E-mail address: (to be used for future annual report notification)						
For furt	ner information concerning this matter, please call:					
	Micah Caudle  Name of Contact Person  at ( 800 ) 345-4647 Ext: 322  Daytime Telephone Number ( 200) Daytime Telephone Number ( 200)					
Enclos	MAILING ADDRESS:  Division of Corporations  Registration Section  P.O. Box 6327  Tallahassee, FL 32314  ed is a check for the following amount:  STREET ADDRESS:  Division of Corporations  Registration Section  Clifton Building  2661 Executive Center Circle  Tallahassee, FL 32301					
Lineros	\$125.00 Filing Fee \$\int \text{S130.00 Filing Fee & Certificate Copy}\$  Certificate of Status Certified Copy of Status & Certified Copy					

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## 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:

(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. Delaware (Jurisdiction under the law of which foreign limited liability company is organized)  3. (FEI number, if applicable)
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 2311 Cedar Springs Rd., Suite 100, Dallas, Texas 75201
(Street Address of Principal Office)
6. 2311 Cedar Springs Rd., Suite 100, Dallas, Texas 75201
(Mailing Address)
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
Fernando De Leon, Manager, 2311 Cedar Springs Road, Suite 100, Dallas, TX 75201
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)
- Jodode h
Signature of an authorized person (In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penaltics of perjury that the facts stated berein are true am aware that any false information submitted in a document to the Department of State constitutes a third degree follows as provided for in a 817.155, F.S.)
Fernando De Leon
Typed or printed name of signee

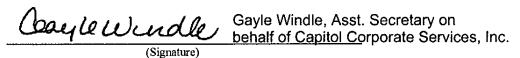
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## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

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	ne Limited Liability Compar	ny is:					
	LG US 1 & J	lensen Beach B	lvd, LLC				
If unavailable, the	e 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:							
	Capitol Corporate Services, Inc.						
_	(Name)						
-	155 Office Plaza Dr. Ste A Florida Street Address (P.O. Box NOT ACCEPTABLE)						
_	Tallahassee	FL City/State/Zip	32301				

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.



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

\$ 5.00 Certificate of Status (optional)

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## Delaware

## The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LG US 1 & JENSEN BEACH BLVD, 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 EIGHTH DAY OF AUGUST, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LG US 1 & JENSEN BEACH BLVD, LLC" WAS FORMED ON THE SIXTH DAY OF AUGUST, A.D. 2014.

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

5581874 8300

141050378

DATE: 08-08-14

Jeffrey W. Bullock, Secretary of State

AUTHENTACATION: 1605423

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