M14000005953

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

Office Use Only



900263379739

08/18/14--01048--014 **125.00

14 AUG 18 AM IO: 52
SECRETARY OF STATE
TALL AHASSEE FLORIDA

AUG 2 0 2014 T. HAMPTON

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: 17 South Bridge Lane, 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:
Howard L. Friedberg, Esq.
Name of Person
Katz Barron Squitero Faust
Firm/Company
2699 South Bayshore Drive, 7th Floor
Address
Miami, FL 33133
City/State and Zip Code
HLF@katzbarron.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Howard L. Friedberg, Esq. at (305) 856-2444
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: Signature Signa

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>LIMITED LIABILITY COMPANY TO T</i> uth Bridge Lane, LLC	TOTAL DUSTIVES:	IN THE STATE O	I LLONIDA.		
	(Name of Foreign Limited Liability Company	y; must include "Limited	Liability Company,"	L.L.C.," or "LLC	2.")	
(If name unav Liability Com	vailable, enter alternate name adopted for the upany," "L.L.C," or "LLC.")	purpose of transacting bu	siness in Florida. The	alternate name m	ust include "	Limited
_{2.} Dela	ware	3				
(Jurisdictio	n under the law of which foreign limited liab is organized)	oility	(FEI numbe	er, if applicable)		
_{4.} No 1	business transacte					
	(Date first transacted (See sections 605.0904	business in Florida, if pr & 605.0905, F.S. to dete	rior to registration.) rmine penalty liability)) Fu	7	eren ?
_{5.} 544	Lakeview Court, N	Miami Bead	ch, FL 33	140 🗒	AUG	· ·
				ASS	100	1
		treet Address of Principal			19. 3	
_{6.} <u>544</u>	Lakeview Court, N	<u>liami Beac</u>	h, FL 331	140 = 3	515 515 505	<u></u>
					DA N	_
		(Mailing Address)	-			
7. The na	me, title or capacity and address of	of the person(s) who	o has/have author	rity to manage	e is/are:	
Matth	ew W. Lazenby, a	s Manager	•			
544 L	akeview Court, Mi	ami Beach	, FL 331	40		
	· · · · · · · · · · · · · · · · · · ·		<u>, </u>			
0. 4 1	11					
	d is an original certificate of exist stody of records in the jurisdiction					
	. If the certificate is in a foreign la					
	1					
	1/2	atura of an authoria	rod monage			
(In accordance v	with section 605.0203, F.S., the execution of this only false information submitted in a document to the	ature of an authoriz	mation under the penaltic	es of perjury that the	e facts stated h	nerein are tru
an arraic time a	ay take anomination submitted in a document to the	ne Department of State const	maics a minu ucgice icidi	iy as provided for it	га.отт.133, Г.	

Matthew W. Lazenby

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.

If unavailable	e the alternate to be us	ed in the state of Florida is:	
2. The name	and the Florida street	address of the registered agent and	office are:
	CORPCO	, Inc.	
	 	(Name)	
	2699 Sout	th Bayshore Drive,	7th FL
	Florida	Street Address (P.O. Box NOT ACCEPTAB	LE)
	Miami	_{FT.} 33133	
		City/State/Zip	
liability com registered as statutes rela	pany at the place desig gent and agree to act in ting to the proper and c	gent and to accept service of process nated in this certificate, I hereby acc this capacity. I further agree to con complete performance of my duties, o n as registered agent as provided for	cept the appointment as mply with the provisions of all and I am familiar with and
liability com registered ay statutes rela accept the o	pany at the place desig gent and agree to act in ting to the proper and c	nated in this certificate, I hereby acc this capacity. I further agree to con complete performance of my duties, a	cept the appointment as mply with the provisions of all and I am familiar with and

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "17 SOUTH BRIDGE LANE, 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 FIFTEENTH DAY OF AUGUST, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "17 SOUTH BRIDGE LANE, LLC" WAS FORMED ON THE THIRTEENTH DAY OF AUGUST, A.D. 2014.

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

5585964 8300

141075783

Jeffrey W. Bułlock, Secretary of State

AUTHENTY CATION: 1623852

DATE: 08-15-14

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