Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000198422 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name

: CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone

: (561)694-8107

Fax Number

: (561)694-1639

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

Email	Address:		

Foreign Limited Liability Company TIF-VALENCIACLUB LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

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:

TIF-VALENCE	ACLUB LLC gn Limited Liability Company; must include "				
(Name of Forci	gn Limited Liability Company; must include "	Limited Lisbility Company," "L.L.C.," or	T.C.")		
(If name unavailable, enter at Liability Company," "L.L.C,"	ternate name adopted for the purpose of transc	cting business in Florida. The alternate nam	ne must include	"Limite	:d
_{2.} Delaware	3.				
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicab	le)		
4	(Data first termsocial business in Flor	ida if neigr to registration			
	(Date first transacted business in Flor (See acctions 605.0904 & 605.0905, F.S		37.	* . 1	·
_{5.} 18305 Bisc	ayne Blvd, Suite 402) •			Water and
Aventura F			を記し	등 등	CANTON
18305 Risc	(Street Address of ayne Blvd, Suite 402	• •	Sing Mark	~	i maria
			13.60 21.5	- R	
Aventura F	· ·		93	<u>:</u>	
	(Mailing A	address)	S T	æ	
7. The name, title or	capacity and address of the person	(s) who has/have authority to ma	nage is/are:		
Jordan Kava	na, Manager				
18305 Bisca	ne Blvd, Suite 402				
Aventura FL	33160				
having custody of reco	nal certificate of existence, no more ords in the jurisdiction under the la ficate is in a foreign language, a tra	w of which it is organized. (A pl	otocopy is a	not	
(In accordance with section 605, am aware that any false informal	Signature of an a 0203, F.S., the execution of this document constitution submitted in a document to the Department of S	cs on affirmation under the penalties of perjury t	hat the facts state I for m s.R17,155.	d herein , F.S.)	are true, (
	Tim Pratts, Attorney		_		
	Typed or printed na	ame 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.

The name of the Limited Liability Company is: TIF-VALENCIACLUB 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:		
Corporate Creations Network Inc.		
11380 Prosperity Farms Road #221E Florida Street Address (P.O. Box NOT ACCEPTABLE)		

Palm Beach Gardens FL 33410
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.

Timothy Pratts, Special 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 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "TIF-VALENCIACLUB 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 TWENTY-SECOND DAY OF AUGUST, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID
"TIF-VALENCIACLUB LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF
AUGUST, A.D. 2014.

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

MAUG 22 PH 2: 18
SECRETABLES STATE
ALLEANASSES FLORING

5590988 8300

141100254

y verify this certificate online

Jaffrey W. Bullock, Secretary of State

UTHENTICATION: 1641873

DATE: 08-22-14