Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H140001986163)))



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Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : O'HAIRE, QUINN, CANDLER, & CASALINE CHARTERED

Account Number : 073077002560 Phone : (772)231-6900

Fax Number : (772)231-9729

**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 SLL Properties Member, LLC

Certificate of Status	0
Certified Copy	0
Page Count	040
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

TO: Registration Section
Division of Corporations

SLL PROPERTIES MEMBER, LLC

SUBJECT:

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:

Carol Ogden					
	Name of Person				
The Styles Grou	ıp, LLC				
	Firm/Company				
3250 Mary Stree	et, Suite 306				
	Address				
Miami, FL 33133	3				
	City/State and Zip Code				
carol@thestyles	•				
E-mail address: (to be used for firture annual report	notification)			
For further information concerning this matter, please call:					
Carol Ogden	at (305)	147-1307			
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:

■ \$125.00 Filing Fee \$\text{Certificate of Status}

Gregg M. Casalino FL Bar No. 0056250 3111 Cardinal Drive Vero Beach FL 32963

0056250 al Drive ☐ \$155.00 Filing Fee & Certified Copy

□ \$160.00 Filing Fee, Certificate of Status & Certified Copy





August 25, 2014

FLORIDA DEPARTMENT OF STATE

O'HAIRE, QUINN, CANDLER & CASALINE CHARTERED

SUBJECT: SLL PROPERTIES MEMBER, LLC

REF: W14000051753

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.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tim Burch Regulatory Specialist II FAX Aud. #: H14000198616 Letter Number: 814A00018193

RECEIVED
14 AUG 25 AH 9: 40
DIVISION OF COMPORATION
BURGAN OF COMPERCIAL

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH STCTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO RECISIER 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.," ar "LLC.")	
(If name unavailable, anter alternate name adopted for the purpose of transacting business in Floride. The alternate name must include "L Liability Company," "L.L.C," or "LLC.")	INTIDO
2 Delaware 3.	~~
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is argunized)	
4. (Date first transpoted business in Florida, if prior to registration.)	_
(See sections 605.0904 & 605.0905, F.S. to determine penalty (rability)	
3250 Mary Street, Suite 306	_
Miami, FL 33133	Z
(Street Address of Principal Office)	AUG.
6 3250 Mary Street, Suite 306	\>_*
Miami, FL 33133	_ 8
(Melling Address)	_
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/asset	t: 38
Paul R. Steinfurth	_
3250 Mary Street, Sulte 306	_
Miami, FL 33133	
8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the of 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 transmust be submitted)	
Signature of an authorized person [a secondance with continu 603.0203, P.S., the execution of this discussed constitutes on affirmation under the penalties of perjury that the facts stated her am aware that any false information submitted in a document to the Department of State sonstitutes a third degree felony as provided for in significant page.	zin aru true; I)
Paul R. Steinfurth	
Typed or printed name of signes	

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 Limite SLL PROPER	ed Liability Company is: FIES MEMBER, LLC			<u>.</u>
If unavailable, the alternat	e to be used in the state of Florida is:			
2. The name and the Flori	da street address of the registered agent and office are:	TABLE		- Gordani
Greg	g M. Casalino	全	AUG 25	exmo
	(Name)			-
3111	Cardinal Drive	54 54 54 54 54 54 54 54 54 54 54 54 54 5	h Hd	
	Florida Street Address (P.O. Box NOT ACCEPTABLE)		ફ: <u>38</u>	8
Vero Bea	ach FL 32963	.		
	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)
\$ 5.00
Certificate of Status (optional)

Delaware

PATTE 3

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SLL PROPERTIES MEMBER, 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 FIFTH DAY OF AUGUST, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SLL PROPERTIES MEMBER, LLC" WAS FORMED ON THE FOURTH DAY OF AUGUST, A.D. 2014.

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

5580285 8300

141036158

You may verify this cartificate ending

AUTHENTICATION: 1594987

DATE: 08-05-14