# M14000007362

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ity/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Nam	ne)
(De	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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	ACCOUNT NO.	:	120000001	95			
	REFERENCE	:	332990	7247594			
	AUTHORIZATION	:	Smell of	enan	,		
	COST LIMIT	:	\$ 125.00	- nas	•		
ORDER DATE :	October 10, 2014		• • • • • • • •				
ORDER TIME :	11:43 AM						
ORDER NO. :	332990-005						
CUSTOMER NO:	7247594						
NAME:	FOREIGN FI	ILI			1000 (2) (2) (2) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	24H OCT 10 AH 9: 16	
XXXX QUALIFIC	CATION (TYPE: <u>LI</u>	(ت					
PLEASE RETURN	THE FOLLOWING AS	PRO	OOF OF FILI	NG:			
XX PLAIN	FIED COPY STAMPED COPY FICATE OF GOOD STA	<b>MD</b>	ING				
CONTACT PERSON	N: Courtney Willi	iams	s EXT# 62	2935			
		I	EXAMINER:				

#### 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:

If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must iability Company," "L.L.C," or "LLC.")	st include "L	
DELAWARE		E ST
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	3 7	2814 GCT
OCTOBER 10, 2014	3 · 13 · 6.2 s.,	10
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	- F	779
220 Ponte Vedra Park Drive,	ිමි. ටක්	ς;
Suite 220, Ponte Vedra Beach, Florida 32082	25.5 73.50	0
(Street Address of Principal Office)		_
220 Ponte Vedra Park Drive,		_
Suite 220, Ponte Vedra Beach, Florida 32082		
(Mailing Address)		_
7. The name, title or capacity and address of the person(s) who has/have authority to manage	is/are:	
Frederic A. Buttner, III, Manager		
220 Ponte Vedra Park Drive,		
Suite 220, Ponte Vedra Beach, Florida 32082		
8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated having custody of records in the jurisdiction under the law of which it is organized. (A photocacceptable. If the certificate is in a foreign language, a translation of the certificate under oath must be submitted)	opy is not	

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.817.155, F.S.)

LING W. LAU, ESQ. AUTHORIZED AGENT

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	, the alternate to be used in	the state of Florida is:	2814 BCT
			8
2. The name	and the Florida street addre	ess of the registered agent and office are:	10 M
	Corporation Service Comp	pany	13.25 - 15.00
		(Name)	चून <b>क</b>
	1201 Hays Street		
	Florida Street	Address (P.O. Box NOT ACCEPTABLE)	
	Tallahassee	32301 FL	
		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.

Corporation Service Company	Courtney Williams Asst. Vice President
By: ( as X + + + + + + + + + + + + + + + + + +	71301.
(Signature)	<del></del>

\$ 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 "EB REAL ESTATE MANAGER 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 TENTH DAY OF OCTOBER, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EB REAL".

ESTATE MANAGER LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF MAY,

A.D. 2014.

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

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Damm. 10 10 14

*AUTHENT*'S

DATE: 10-10-14

CATION: 1770656

Jeffrey W Bullock, Secretary of State

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