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TO ACKNOWLEDGE SUFFICIENCY OF FILING DEPARTMENT OF STATE

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	INC.		h Avenue. Tallahassee, Florida ~ (850) 222-2666 or (800) 96	
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対	FILING	For	reign LLC	
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#### **COVER LETTER**

	Registration Section Division of Corporations						
GEVE TO		vestment Fund I, L	LC				
SUBJEC		Name of Limite	d Liability Company		<del></del>		
The encl Existence	osed "Application by Foreign e, and check are submitted to	n Limited Liability Comp register the above refer	pany for Authorizatio enced foreign limited	on to Transact Business in liability company to tran	Florida," (	Certificates in Flo	te of orida
Please re	turn all correspondence conc	erning this matter to the	following:			330 4	* 6 s s
	James O. Lang	I			507	8	\$ 4 mm r
		N	ame of Person			375	11
	Baynard, McLeod & Lang, P.A.					Ω (Σ)	. %
	Firm/Company					<b>#3</b>	
	669 First Aven	ue North					
			Address				
	St. Petersburg,	Florida 33701					
	Annual State of the State of th	City/S	tate and Zip Code		<del>, ''''                                </del>		
	jlang@bmlpa.co	om					
		E-mail address: (to be used	for future annual repo	rt notification)	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>		
For furth	er information concerning th	is matter, please call:					
	James O. Lang		727	894-0676			
	Name of Co	ontact Person	Area Code	Daytime Telephone N	umber		
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	Divisio Registri Clifton 2661 E	ET ADDRESS: n of Corporations ation Section Building kecutive Center Circl ssee, FL 32301	e			
	ed is a check for the follo	owing amount: \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filing Certified Copy				

### 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:

	npany," "L.L.C.," or "LLC.")	
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Flor Liability Company," "L.L.C," or "LLC.")	da. The alternate name must include "Limite	đ
2. Virginia 37-1760955		
	I number, if applicable)	
4 N/A	22 62	
(Date first transacted business in Florida, if prior to registra (See sections 605.0904 & 605.0905, F.S. to determine penalty	tion.)	
<sub>5</sub> 18 People's Trust Way		
Doorfold Doorh Closide 00444	2 - C O	j (+ m)
Deerfield Beach, Florida 33441		1 1
(Street Address of Principal Office)  6. 18 People's Trust Way	75 <b>5</b>	e reserve
Deerfield Beach, Florida 33441		
(Mailing Address)		
7. The name, title or capacity and address of the person(s) who has/have Brett R. Frankel, Vice President and General Counsel	authority to manage is/are:	
18 People's Trust Way		
Deerfield Beach, Florida 33441		

Brett R. Frankel

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.

1. The name of	the Limited Liability Compa	any is:	7	run can
LBCDE Florida	a Investment Fund I, LLC			
If unavailable, the alternate to be used in the state of Florida is:				<u> </u>
2. The name and	d the Florida street address o	f the registered agent and office are:	75. 27.1	(1) (1) (1) (1)
	James O. Lang			
		(Name)	_	
	669 First Avenue North			
Florida Street Address (P.O. Box NOT ACCEPTABLE)				
	St. Petersburg	FL 33701		
		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.

O. Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

# Commondoealth of Hirginia



# State Corporation Commission

### CERTIFICATE OF FACT

### I Certify the Following from the Records of the Commission:

That LBCDE Florida Investment Fund I, LLC is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

That the date of its organization is June 30, 2014; and

That the limited liability company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date: December 8, 2014

Joel H. Peck, Clerk of the Commission

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