Division of Corporations

Page 1 of 1



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.

(((H14000285139 3)))



H140002851393ABC0

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 : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (853)222-1092

Fax Number

: (850)878-5368

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

Email	Addross:			

Foreign Limited Liability Company DLC at the Heights LLC

Certificate of Status	1
Certified Copy	1
Page Count	05
Estimated Charge	\$160.00

DEC 1 1 2014

Electronic Filing Menu

Corporate Filing MeniS. YOUNGIP

	cov	er letter		
TO: Registration Section Division of Corporations				
SUBJECT: DLC AT THE HEIGHTS		411 Uris A	·	
The section IRA III do to be seen at 1		ed Limbility Company		<u>-</u>
The enclosed "Application by Foreign L Existence, and check are submitted to re	imited Liability Com gister the above refer	pany for Authorization enced foreign limited li	to Transact Business in Fiori ability company to transact b	da," Certificate usiness in Flori
Please return all correspondence concern	ning this matter to the	following:		
DAYLE MIDDLETO	N			
		ams of Person		~
DLC RESIDENTIAL				
DEC (CODDENTIND	P	irm/Company		
21500 BISCAYNE BL	.VD STR 402			7-12 T
		Address		-100 200 F
AVENTURA, FL 331	80			
<u></u>		iate and Zip Code		-
DMIDDLETON@DLC				<u> </u>
	·	for hiture annual report in	outication)	
For further information concerning this n	ostier, picase cali:			
DAYLE MIDDLETON		_o1 (954) 45	5-0336	-
Name of Conta	ct Person	Area Code	Daytime Telephone Number	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327	Division Registre	T ADDRESS: of Corporations stion Section Building		
Tallahassee, FL 32314	2661 Ex	secutive Center Circle isec, FL 32301		
Enclosed is a check for the following	ing amount: 30.00 Filing Fee &		& 5 \$160.00 Filing Fee,	

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: 1. DLC AT THE HEIGHTS LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "I.L.C.," or "LLC.") (If name unovailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.") 2. TEXAS 3, 47-2401443 (Jurisdiction under the law of which foreign limited liability (PEI number, if applicable) company is onzanized) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 5. 21500 BISCAYNE BLVD STE 402 AVENTURA, PL 33180 (Street Address of Principal Office) 6. 21500 BISCAYNE BLVD STB 402 AVENTURA, PL 33180 (Mail og Address) The name, title or capacity and address of the person(s) who has/have authority to manage is/are: RUSLAN KRIVORUCHKO, MANAGER 2500 Biscayne Blvd. Ste. 402, Aventura, FL 33180 8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official 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 translator must be submitted) Signature of an authorized person (In accordance with section 603.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjusy 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 follows as provided for in s.817.153, F.S.) RUSLAN KRIVORUCHKO Typed or printed name of signee.

FLOST - 01/10/2014 Welton Khreen Caffee

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.

f unavailab	le, the alternate to be used in the state of Plorida is:	
. 'The nam	e and the Florida street address of the registered agent and office are:	13 DEC
	C T Corporation System	
	(Name)	
	1200 South Pine Island Road	
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	i şari şa
	Plantation FL 33324	
	City/State/Zip	
		
iability com egistered ag tatutes relat	named as registered agent and to accept service of process for the above pany at the place designated in this certificate, I hereby accept the appoint and agree to act in this capacity. I further agree to comply with the piling to the proper and complete performance of my duties, and I am familialigations of my position as registered agent as provided for in Chapter 60 CT Competition System By: Angel Nunez (Signature) Assistant Secreta	iment as rovisions of all ar with and 5, Florida
iability com egistered as tatules relat accept the ol	named as registered agent and to accept service of process for the above pany at the place designated in this certificate, I hereby accept the appoint the place to act in this capacity. I further agree to comply with the pring to the proper and complete performance of my duties, and I am familialigations of my position as registered agent as provided for in Chapter 60 CT Compation System By: (Sensor) Angel Nunez	iment as rovisions of all ar with and 5, Florida
iability com egistered as tatules relat accept the ol	named as registered agent and to accept service of process for the above pany at the place designated in this certificate, I hereby accept the appoint and agree to act in this capacity. I further agree to comply with the ping to the proper and complete performance of my duties, and I am familializations of my position as registered agent as provided for in Chapter 60 CT Comparison System By: Angel Nunez Assistant Secreta	iment as rovisions of all ar with and 5, Florida

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Nandita Berry Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for DLC at the Heights LLC (file number 802105479), a Domestic Limited Liability Company (LLC), was filed in this office on November 21, 2014.

It is further certified that the entity status in Texas is in existence.

13 BEC 10 TH 38

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on December 10, 2014.



NANDITH BERRY

Nandita Berry Secretary of State