2/005

Fax Server

Division of Corporations

Page 1 of 2



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.

(((H14000290115 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

: HOLLAND & KNIGHT

Account Number : 072100000016 Phone

(813)227-8500

Fax Number Wheeler

: (813)229-0134

**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 Waterfront Downtown Tampa LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

DEC 17 2014
J. HARRIS

Electronic Filing Menu

Corporate Filing Menu

Help

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 Liability Company," "L.L.C," or "LLC.")	of transacting business in Florida. The alternate name	must includ	le "Limited
2. Delaware (Jurisdiction under the law of which foreign limited liability company is organized)	3. n/q (FBI number, fapplicable)		
4. On or after filing	· · · · · · · · · · · · · · · · · · ·		
(Date first transacted busine. (See sections 605.0904 & 605.0	ss in Florida, if prior to registration.) 1905, F.S. to determine penalty liability)		·
_{5.} 401 E. Jackson Street, Suite 2		140	SIVI
Tampa Florida 33602		33	ON O
•	dress of Principal Office)	9	
6. 401 E. Jackson Street, Suite 25	525_	7	
Tampa Florida 33602		Ö	STA.
()	Mailing Address)	5	SKO.
7. The name, title or capacity and address of the	person(s) who has/have authority to mana	ge is/are:	7.
Jac Sperling, Autorized Representative	Donald R. Bly, Authorized Representative		
401 E. Jackson Street, Suite 2525	100 N Tampa Street, Suite 4100		
Tampa, FL 33602	Tampa, FL 33602		

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 acction 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 follows as provided for in 6.817.155, F.S.)

Donald R. Bly, Autorized Representative

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.

I. The name of the Limited Liability Company is: Waterfron Downtown Tampa 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.	14.0
(Name)	DEC
11380 Prosperity Farms Road, #221E	5 G
Florida Street Address (P.O. Box NOT ACCHITABLE)	JAPA
Palm Beach Gardens FL 33410	AM 10: 52
City/State/Zip	2 *

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.

Jim Perkins, Vice President

(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 "WATERFRONT DOWNTOWN TAMPA 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 SIXTEENTH DAY OF DECEMBER, A.D.
2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WATERFRONT DOWNTOWN TAMPA LLC" WAS FORMED ON THE FIFTEENTH DAY OF DECEMBER, A.D. 2014.

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

5657798 8300

141536941

at corp. delaware.gov/authver.shtml

AUTHENTY CATION: 1960488

DATE: 12-16-14