M15000000365

| (Re | equestor's Name) | | | |
|---|--------------------|-----------|--|--|
| (Address) | | | | |
| (Ad | idress) | | | |
| (Cit | ty/State/Zip/Phone | e #) | | |
| PICK-UP | MAIT | MAIL | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | of Status | | |
| Special Instructions to Filing Officer: | | | | |
| | | ŀ | | |
| | | | | |
| 3 | | | | |
| | | | | |

Office Use Only



900267692909

15 JAN 14 PH 1:48

15 JAN 14 PH 2: 4:
SECRETARY OF STATE
MALLAHASSEE, FLORID

JAN 1 5 2015

T. BROWN

ACCOUNT NO. : 12000000195 REFERENCE: 460229 4301770 AUTHORIZATION : COST LIMIT ORDER DATE: January 14, 2015 ORDER TIME: 12:11 PM ORDER NO. : 460229-005 CUSTOMER NO: 4301770 FOREIGN FILINGS NAME: 791 SLL LLC XXXX QUALIFICATION (TYPE: LL) PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: _ CERTIFIED COPY XX PLAIN STAMPED COPY __ CERTIFICATE OF GOOD STANDING CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER:

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA SINTUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," J.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L,L.C," "LLC.") Delaware (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 370 Indian Harbor Road, Vero Beach, FL 32963 (Street Address of Principal Office) 6. 370 Indian Harbor Road, Vero Beach, FL 32963 (Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: James R. Walker, Jr., Manager 370 Indian Harbor Road, Vero Beach, FL 32963 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 kinguage, a translation of the certificate under oath of the translator must be submitted.) 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.)

Typed or printed name of signee

Megan Clair

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 nam | ne of the Limited Liability | Company is: | , |
|--|------------------------------|---|-------------|
| 791 SLL LL | С | | 30 5 M |
| If unavailab | ole, the alternate to be use | d in the state of Florida is: | |
| 2. The nam | ne and the Florida street ac | ddress of the registered agent and office are | 7. 15 P. 15 |
| | James R. Walker, Jr. | | Op. |
| | | (Name) | |
| | 370 Indian Harbor Roa | ad | |
| Florida Street Address (P.O. Box NOT ACCEPTABLE) | | | |
| | Vero Beach | 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

PAGE 1

The First State

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 FOURTEENTH DAY OF JANUARY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "791 SLL LLC" WAS FORMED ON THE TWELFTH DAY OF JANUARY, A.D. 2015.

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

5673035 8300

150048971

Jeffrey W. Bullook, Secretary of State

AUTHENTICATION: 2037002

DATE: 01-14-15 150048971