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To:

Division of Corporations

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From:

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: (850)222-1092

Phone 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 Address:

#### Foreign Limited Liability Company SSSP ALTAMONTE SPRINGS, LLC

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MAR 0 5 2015 J. HARRIS

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Corporate Filing Menu

Help

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

	I MANSACT BUSINESS IN PLUKIDA	
V COMPLIANCE W	TTH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REC	SISTER A
	LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	
	onte Springs, LLC	
(Name of F	oreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.")	
name unavailable, enter ability Company," "L.1	er alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "L	imited
	action of Lect.	
Delaware	3.	_
company is organized	taw of which foreign limited limbility (FEI number, if applicable)	
,		
	(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine pertuity liability)	_
50 Forest	Street, Windemere, FL 34786	_
<del></del>		_
	(Street Address of Principal Office)	
olo Oaktroa	·	<b></b>
Co Cakiree	Real Estate Group, Attn: Cary Kleinman and Justin Guichar	<u>u</u>
333 S. Gra	and Avenue, 28th Floor, Los Angeles, CA 90071	
	(Mailing Address)	<del></del>
. The name, title	(Mailing Address)  or capacity and address of the person(s) who has/have authority to manage is/are:	<del></del>
	•	3_
	or capacity and address of the person(s) who has/have authority to manage is/are:	<u>.</u>
Kurt O'Brien,  Attached is an or	or capacity and address of the person(s) who has/have authority to manage is/are:  Authorized Person, 50 Forest Street, Windemere, FL 34786  riginal certificate of existence, no more than 90 days old, duly authenticated by the o	  Micial
Attached is an or aving custody of receptable. If the co	or capacity and address of the person(s) who has/have authority to manage is/are:  Authorized Person, 50 Forest Street, Windemere, FL 34786  riginal certificate of existence, no more than 90 days old, duly authenticated by the orecords in the jurisdiction under the law of which it is organized. (A photocopy is no ertificate is in a foreign language, a translation of the certificate under oath of the tra	— — Micial
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# 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.

	STATEMENT TO DE HE STATE OF FLORIE	SIGNATE A REGISTERED OFFICE AND REGIS DA.	TERED	
	of the Limited Liebility Itamonte Spri	,. •		
		in the state of Florida is:		
2. The name a	and the Florida street ad	idress of the registered agent and office are;		
	C T Corpora	ation System		
	<del></del>	(Name)		
	1200 South	Pine Island Road		
	Florida St	real Address (P.O. Box NOT ACCEPTABLE)		
	Plantation	FI 33324	,	
		City/Sulc/Zip		
liability compore registered age	any at the place designa at and agree to uct in th as to the proper and con	nt and to accept service of process for the above stated in this certificate, I hereby accept the appointments capacity. I further agree to comply with the provinglete performance of my duttes, and I am familiar vas registered agent as provided for in Chapter 605, I	nt as isions of all with and	2015 MAR

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

FURETARY OF STATE

# Delaware

PAGE

### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "SSSP ALTAMONTE SPRINGS, 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 FOURTH DAY OF MARCH, A.D. 2015.

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

5703325 8300

150309402

AUTHENTACATION: 2168078

DATE: 03-04-15

You may verify this certificate onlin