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K. SALY EXAMINER APR -8 2015

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 4/7/15

NAME: MAJESTIC ORLANDO PARTNERS II, LLC

TYPE OF FILING: APPLICATION

COST:

160.00

RETURN: CERTIFIED COPY AND GOOD STANDING PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



April 6, 2015

FLORIDA FILING & SEARCH SERVICES, INC.

SUBJECT: MAJESTIC ORLANDO PARTNERS II, LLC

Ref. Number: W15000023562

We have received your document for MAJESTIC ORLANDO PARTNERS II, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 215A00006759

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: MAJESTIC ORLANDO PARTNERS II, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, 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.") Delaware (Jurisdiction under the law of which foreign limited liability company is organized) Filing Date (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 13191 Crossroads Parkway North, 6th Floor City of Industry, CA 91746 (Street Address of Principal Office) 13191 Crossroads Parkway North, 6th Floor City of Industry, CA 91746
(Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Majestic Realty Co., a California corporation, Authorized Representative, 13191 Crossroads Pkwy North, 6th Floor, City of Industry, CA 91746 Edward P. Roski, Jr., Authorized Person to sign on behalf of Majestic Realty Co., 13191 Crossroads Pkwy North, 6th Floor, City of Industry, CA 91746 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 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.) Pamela S. Welton 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.

MAJESTIC ORLANDO PARTNERS II, 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:	2015 APR
National Corporate Research, Ltd., Inc.	8
(Name)	15 W 17
155 Office Plaza Drive	TO I
Florida Street Address (P.O. Box NOT ACCEPTABLE)	9: 40 FLORES
Tallahassee FL 32301	6 O
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

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "MAJESTIC ORLANDO PARTNERS II, 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 SECOND DAY OF APRIL, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MAJESTIC ORLANDO PARTNERS II, LLC" WAS FORMED ON THE FIRST DAY OF APRIL, A.D. 2015.

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

5719536 8300

150452175

AUTHENTY CATION: 2258159

DATE: 04-02-15

You may verify this certificate online at corp.delaware.gov/authver.shtml