

## Division of Corporations

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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : SHUTTS & BOWEN, LLP  
Account Number : 076447000313  
Phone : (305) 358-6300  
Fax Number : (305) 347-7750

**\*\*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**  
**COFE TOWN CENTER, LLC**

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$160.00

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UNITED STATES DEPARTMENT OF COMMERCE  
BUREAU OF ECONOMIC ANALYSIS  
WASHINGTON, D. C. 20540

APR 20 2015

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**COFE TOWN CENTER, LLC**

7700 SW 88<sup>th</sup> St., Ste. 705  
Miami, FL 33156

April 16, 2015

Department of State  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

Re: COFE TOWN CENTER, LLC

Dear Sir or Madam:

This limited liability company is aware of the fact that the above Delaware limited liability company desires and intends to use the name COFE TOWN CENTER, LLC. Therefore, the undersigned approves and consents the use of the name COFE TOWN CENTER, LLC to file the Application of the Delaware limited liability company under the same name for Authorization to Transact Business in Florida.

Please be advised that the undersigned limited liability company has no objection to the use of name and filing of such foreign qualification.

COFE TOWN CENTER, LLC,  
a Florida limited liability company

By: \_\_\_\_\_  
Mike Verdeja  
Authorized Representative of the Member(s)

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

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

1. **COFE TOWN CENTER, 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.")

2. **STATE OF DELAWARE** 3. \_\_\_\_\_  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. **UPON QUALIFICATION**  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. **7700 SW 88TH ST, STE. 705**

**MIAMI, FL 33156**  
(Street Address of Principal Office)

6. **7700 SW 88TH ST, STE. 705**

**MIAMI, FL 33156**  
(Mailing Address)

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

**MIKE VERDEJA, CFO**

**MARIO A. FERNANDEZ, PRESIDENT**

**EUGENIO COSCULLUELA, JR., VICE PRESIDENT**

**7700 SW 88th St, Ste. 705, Miami, FL 33156**  
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.)

**MIKE VERDEJA**

Typed or printed name of signer

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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.

1. The name of the Limited Liability Company is:

**COFE TOWN CENTER, 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:

**MIKE VERDEJA**

(Name)

**7700 SW 88TH ST, STE. 705**

Florida Street Address (P.O. Box NOT ACCEPTABLE)

**MIAMI**

**FL 33156**

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)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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# Delaware

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*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COFE TOWN CENTER, 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 FOURTEENTH DAY OF APRIL, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COFE TOWN CENTER, LLC" WAS FORMED ON THE THIRTEENTH DAY OF MARCH, A.D. 2015.

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

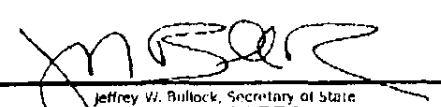
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You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 2289570

DATE: 04-14-15

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