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(Re	questor's Name)			
(Ad	dress)			
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(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	me)		
(Do	cument Number)			
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



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07/13/15--01003--014 **260.00

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JUL 1 5 2015

J SHIVERS



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 14, 2015

CORPORATE ACCESS

SUBJECT: AO PROPERTY LLC Ref. Number: W15000047006

We have received your document for AO PROPERTY LLC and your check(s) totaling \$260.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

Please return the corrected original and one copy of 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.

Letter Number: 515A00014642

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

www.sunbiz.org

CORPORATE

When you need ACCESS to the world

ACCESS,	,
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INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

TATATE TAT

	WALKIN				
		PICK UP:	7-13-15		
		CERTIFIED COPY			
		РНОТОСОРУ			
	K	cus	65		
•	X	FILING	Foreign LLC		
1.		(CORPORATE NAME AND DOCUMENT #)			
2.	-	(CORPORATE NAME AND DOCUMENT #)			
3.	-	(CORPORATE NAME AND DOCUMENT #)			
4.	-	(CORPORATE NAME AND DOCUMENT #)			
5.	-	(CORPORATE NAME AND DOCUMENT #)			
6.	-	(CORPORATE NAME AND DOCUMENT #)			
SPI	ECIAI	L INSTRUCTIONS:			

COVER LETTER

TO:

Registration Section

DIN	vision of Corporation	ons				
SUBJECT:	AO PROPERTY I	LC				
	Name of Limited Liability Company					
The enclosed Existence, as	d "Application by Fond check are submitted	oreign Limited Liability Conted to register the above refe	npany for Authorization to Trenced foreign limited liabili	ransact Business in Florida," Certificate of tty company to transact business in Florida.		
Please return	all correspondence	concerning this matter to the	e following:			
	Ofonedu-Ime	Goodwyn, Esq.				
	Name of Person					
	Hinshaw & Cu	& Culbertson LLP Firm/Company ce de Leon Blvd, 4th Floor Address sles, FL 33134				
	Firm/Company					
	2525 Ponce de	Leon Blvd, 4th Floor				
			Address			
	Coral Gables,	PL 33134				
		City/S	State and Zip Code			
	ogoodwyn@hin	shawlaw.com				
		E-mail address: (to be use	d for future annual report no	tification)		
For further in	formation concerning	ng this matter, please call:				
Ofo	nedu-Ime Goodwyn		305 358-77	47		
	Name	of Contact Person		ytime Telephone Number		
Divi Regi	ILING ADDRESS: sion of Corporation: stration Section		Division Registra	r ADDRESS: of Corporations tion Section		
	Box 6327 hassee, FL 32314			ecutive Center Circle see, FL 32301		
	check for the follow 125.00 Filing Fee	ving amount: ■ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy		

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:

AO PROPERTY LLC (Name of Fore	eign Limited Liability	Company; mus	st include "Limit	d Liability Company," "L	.L.C.," or "	LLC.")	-
							-
If name unavailable, enter all Liability Company," "L.L.C,		for the purpose	e of transacting b	usiness in Florida. The alt	ernate nam	e must include "Lir	mited
Delaware			3.				_
(Jurisdiction under the law company is organized)	of which foreign limi	ted liability		(FEI number, if a	pplicable)		_
·	(D. to Cont.	and the land	es in Florido 16a	rios to registration			
	(See sections 6	os.0904 & 605.	.0905, F.S. to det	rior to registration.) ermine penalty liability)			
. 1400 NW 107th Ave, 5	5th Floor						
Miami, FL 33172							
1400 > 177 1 107 1 1 5	•	et Address of P	rincipal Office)				
1400 NW 107th Ave, 5	ın rioor				- 		
Miami, FL 33172							
		(Mailing A	Address)				
. Name and street address	- -	red agent: (P.	O. Box <u>NOT</u> a	cceptable)			
Name:	Tina Spano						
Office Address:	1400 NW 107th A	ve, 5th Floor					
	Miami			, Florida $\frac{33172}{\text{(Zip)}}$			
legistered agent's accep		(City)	·-	(Zip	code)		
laving been named as re his application, I hereby with the provisions of all the obligations of my posi	accept the appoints statutes relative to	ment as regist the proper and igent.	ered agent and d complete per	agree to act in this cap formance of my duties,	acity. I fi	urther agree to c	omply
	<u>~</u>	Regist	ered agent's sign	eture)			
 The name, title or capa Adler Office Associates, I 			who has/have a	utnority to manage is/a	re;	AST I	Ph
	////	·				SEC	i.
400 NW 107th Ave, 5th	rioor						
Miami, FL 33172				.,	_ 	9: **** '5	Apr went
. Attached is a certificate urisdiction under the law f the translator must be so	of which it is organ ubmitted)	ized. (If the ce	ertificate is in a	foreign language, a tran	al having c Islation of	the certificate un	s in the der oat
		<u>Spa</u>	<u>ou</u>	person			
				•			
his document is executed abmitted in a document to	l in accordance with the Department of	section 605.0 State constitu	203 (1) (b), Flo tes a third degr	orida Statutes. I am awai e felony as provided fo	e that any r in s.817.	false information 155, F.S.	1
	Tina Spano						

Typed or printed name of signee

Delaware

PAGE 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "AO PROPERTY 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 TENTH DAY OF JULY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AO PROPERTY LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF JUNE, A.D. 2015.

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

SECRETARY OF STATE

5773002 8300

151034861

peffrey W. Bullock, Secretary of State

AUTHENTX CATION: 2544741

DATE: 07-10-15

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