M15000005512

(Do		
(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
	_	
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
	_	
		1
Special Instructions to	Filing Officer:	
II		
		į
		į
1		

Office Use Only



100274831881

100274831881 07/13/15--01003--014 **260.00

07/15/15--01003--005 **30.00

SUPPLIERS OF FILING
TO ACKNOWLEDGE
TO ACKNOWLEDGE

RECEVED.

FILEU

N. Compen JUL 14 2015

CORPORATE
* *
ACCESS

When you need ACCESS to the world

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

	WALK IN				
•		PICK UI	P: 7-13-15		
•	X	CERTIFIED COPY			
		РНОТОСОРУ			
	A	CUS	6S		
	Þ	FILING	Foreign LLC		
1.		AF Property LLC			
		(CORPORATE NAME AND DOCUMEN	TT #)		
2.		(CORPORATE NAME AND DOCUMEN	T #)		
3.					
٠.		(CORPORATE NAME AND DOCUMEN	T #) .		
4.					
		(CORPORATE NAME AND DOCUMEN	T #)		
5.					
		(CORPORATE NAME AND DOCUMEN	T #)		
6.		(CORPORATE NAME AND DOCUMEN	Т#)		
		(COM OMITE MAND MAD BOCOMEN	ι π)		
SPI	ECIAI	L INSTRUCTIONS:			

COVER LETTER

Registration Section

TO:

SUBJEÇT:	AF PROPERTY L		T lands i v 1.4.111	O	***************************************	
	Name of Limited Liability Company					
he enclosed Existence, ar	d "Application by Fond check are submitt	reign Limited Liability Com ed to register the above refer	pany for Authoriza renced foreign limi	ation to Tra ted liabilit	ansact Business in Florida," y company to transact busin	Certificatess in Flor
lease return	all correspondence	concerning this matter to the	following:			
	Ofonedu-Ime	Goodwyn, Esq.				
		N	lame of Person	······································		
	Hinshaw & Cu	ilbertson LLP				
	Firm/Company					
	2525 Ponce de Leon Blvd, 4th Floor					
	Address					
	Coral Gables, 1	FL 33134				
		City/S	State and Zip Code			
	ogoodwya@hina					
		E-mail address: (to be use	d for future annual	report not	tification)	
or further in	nformation concerning	ng this matter, please call:				
Ofo	nedu-Ime Goodwyn		305 at (358-77		
	Name	of Contact Person	Area Code	Day	rtime Telephone Number	
Divi Reg P.O	ILING ADDRESS: ision of Corporation istration Section . Box 6327 ahassee, PL 32314	i. S		Division Registrat Clifton B 2661 Exe	CADDRESS: of Corporations ion Section milding cutive Center Circle see, FL 32301	
	check for the follow 125.00 Filing Fee	ring amount: \$\Boxed{1}\$ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filir Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Ce of Status & Certified Cop	



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 14, 2015

CORPORATE ACCESS, INC.

SUBJECT: AF PROPERTY LLC Ref. Number: W15000047029

TO ACKNOWLEDGE SUFFICIENCY OF FILING DEPARIMENT OF STATE O

We have received your document for AF 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):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

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.

Neysa Culligan Regulatory Specialist II

Letter Number: 515A00014652

org

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

Operated

Operation

O

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

۵.

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

L AF PROPERTY LLC			
A . —	• -	ide "Limited Liability Company," "L.L.C.," or "LLC	<u>5.")</u>
AF PRODE	ternate hame adopted for the purpose of tra	nt GROUP LLC Insacting business in Florida. The alternate name ma	ust include "Limited
Liability Company," "L.L.C,	" or "LLC.")		
2. Delaware (Jurisdiction under the law	of which foreign limited liability	(FEI number, if applicable)	
company is organized)		· · · · ·	
4	(Date first transacted business in F	lorida, if prior to registration.)	
5 1400 NW 107th Ave, 5	(See sections 605.0904 & 605.0905, 6th Floor	r.s. to determine penalty hability)	
J			
Miami, FL 33172	(Street Address of Principal	ol Office)	- ہے انہ ہے ۔
6. 1400 NW 107th Ave, 5	•	al Office)	
			Files
Miami, FL 33172	(Mailing Address	s)	三百 三
7 Name and street address	s of Plorida registered agent: (P.O. Bo		Ģ. Ģ
Name:	Tina Spano	1.G. acceptable)	95
	1400 NW 107th Ave, 5th Floor		
Office Address:	Miami	22172	
	(City)	, Florida 33172 (Zip code)	
this application, I hereby	gistered agent and to accept service of accept the appointment as registered a statutes relative to the proper and comp	process for the above stated corporation at the gent and agree to act in this capacity. I furth plete performance of my duties, and I am fan	er agree to comply
me vongaments by my post	Ta) Sau)	
	(Registered ag	ent's signature)	
8. The name, title or capa Adler Office Associates, L	city and address of the person(s) who had. $-AmBR$	as/have authority to manage is/are:	
1400 NW 107th Ave, 5th I			
Miami, FL 33172			
9. Attached is a certificate	of which it is organized. (If the certifical bmitted)	duly authenticated by the official having custo te is in a foreign language, a translation of the	ndy of records in the certificate under oath
	Signature of an a	uthorized person	
This document is executed submitted in a document to	in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any falsi ird degree felony as provided for in s.817.155,	e information F.S.
	Tina Spano		
	Typed or printed r	name of signee	

Delaware

PAGE

The First State

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

DELAWARE, DO HEREBY CERTIFY "AF 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 "AF 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.

5773000 8300

151034835

AUTHENTYCATION: 2544729

DATE: 07-10-15

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