

M15000005660

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H15000174187 3)))



H150001741873ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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: *ldearman@shutts.com*

RECEIVED
15 JUL 17 AM 11:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 JUL 17 AM 8:44
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Foreign Limited Liability Company
COFE CIX NORTH MIAMI, LLC

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$160.00

JUL 20 2015
Y SULKER

Electronic Filing Menu Corporate Filing Menu Help

H15000174187 3

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

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

1. COFE CIX NORTH MIAMI, 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)

UPON QUALIFICATION

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

5. 7700 NORTH KENDALL DRIVE, SUITE 705

MIAMI, FL 33156
(Street Address of Principal Office)

6. 7700 NORTH KENDALL DRIVE, SUITE 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:

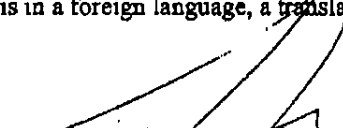
MIKE VERDEJA, CFO & TREASURER

MARIO A. FERNANDEZ, PRESIDENT

EUGENIO COSCULLUELA, JR., VICE PRESIDENT & SECRETARY

7700 NORTH KENDALL DRIVE, SUITE 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.8(17.155, F.S.)

MIKE VERDEJA

Typed or printed name of signee

2015 JUL 17 AM 8:44
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

H15000174187 3

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 CIX NORTH MIAMI, 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 NORTH KENDALL DRIVE, SUITE 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.

By:



(Signature)

2015 JUL 17 AM 8:44
FILED
TALLAHASSEE
SECRETARY OF STATE

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

H15000174187 3

H15000174187 3

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COFE CIX NORTH MIAMI, 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 SEVENTEENTH DAY OF JULY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COFE CIX NORTH MIAMI, LLC" WAS FORMED ON THE NINTH DAY OF JULY, A.D. 2015.

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



5781854 8300

151061974

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

Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 2565277

DATE: 07-17-15

H15000174187 3