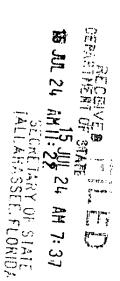
M15000005F67

(Re	equestor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



400274829714



JUL 27 2015 J SHIVERS CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Talinassee, FL 3230. Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 720454

AUTHORIZATION : Corell & one

COST LIMIT : \$ (1/25,.00

ORDER DATE : July 23, 2015

ORDER TIME : 9:12 AM

ORDER NO. : 720454-035

CUSTOMER NO: 5012771

FOREIGN FILINGS

NAME: 3588 COLLINS LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

YX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER:

5012771

COVER LETTER

TO: Registration Section **Division of Corporations**

3588 Collins LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida...

Please return all correspondence concerning this matter to the following:

Lisa Mattson
Name of Person
Access Industries, Inc.
Firm/Company
730 Fifth Avenue, 20th Floor
Address
New York, New York 10019
City/State and Zip Code
Imattson@accind.com
E-mail address: (to be used for future annual report notification)
mation concerning this matter, please call:

For further infor

Lisa Mattson	$_{at}$ 212	247-6400
Name of Contact Person	Area Code	Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

			_		
Enclose	ad ie a	check	for the	followin	g amount:

Showing amount.

☐ \$130.00 Filing Fee & ☐ \$125.00 Filing Fee □ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate Certificate of Status of Status & Certified Copy 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:

1. 3588 Collins 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 alternational company," "L.L.C," or "LLC.")	ite name mus	st includ	e "Limited
_{2.} Delaware _{3.}			
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if a	pplicable)		
upon registration			
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)			
3201 Collins Avenue			
Miami Beach, Florida 33140			
(Street Address of Principal Office)			
3201 Collins Avenue			
Miami Beach, Florida 33140	·		
(Mailing Address)		ऊ	
7. The name, title or capacity and address of the person(s) who has/have authority to	ma nage	is/are:	Half digates to 1 - all 1 - all
Access Industries Management, LLC - manager	N 10	24	i - de Vir Primario E
730 Fifth Avenue, 20th Floor		3	S. H. S.
New York, New York 10019	ORNO STATE	7:37	· house,
B. Attached is an original certificate of existence, no more than 90 days old, duly autl	enticated	by the	a officie
naving custody of records in the jurisdiction under the law of which it is organized. (A photoco	opy is	not
acceptable. If the certificate is in a foreign language, a translation of the certificate un must be submitted)	ider oath	of the	translate
DocuSigned by:			
Signature of an authorized person			

Alejandro Moreno

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.

1. The nam	ne of the Limited Liability Cons LLC	mpany is:	
If unavailab	ole, the alternate to be used in	the state of Florida is:	
2. The nam	ne and the Florida street addre	ss of the registered agent and office	e are:
	Corporation Service Comp	any	
		(Name)	
	1201 Hays Street		15 J
	Florida Street Address (P.O. Box NOT ACCEPTABLE)		
	Tallahassee .	32301 FL	ARY OF MARK
		City/State/Zip	FLORIL
liability con registered a statutes rela accept the o	npany at the place designated i egent and agree to act in this co ating to the proper and comple	nd to accept service of process for the in this certificate, I hereby accept the apacity. I further agree to comply we to performance of my duties, and I degistered agent as provided for in C	ne appointment as with the provisions of all am familiar with and
Statutes.			Courtney Williams
	Corporation Service Compa	Je Ce	Asst. Vice President
	(Si	gnature)	-
	\$ 100.0 \$ 25.0 \$ 30.0 \$ 5.0	Designation of Registered As Certified Copy (optional)	•

Delaware

PAGE 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "3588 COLLINS 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 TWENTY-THIRD DAY OF JULY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "3588 COLLINS LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF MARCH, A.D. 2015.

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

15 JUL 24 AM 7: 37
SECRETARY OF STATE
TABLEHIASSEE FLORING

5717756 8300

151087670

Jeffrey W. Bullock, Secretary of State

AUTHENT CATION: 2584622

DATE: 07-23-15

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