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Alig 1 9 7015 T. HAMPTON CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 750518 _ 128671A

AUTHORIZATION: Expellible man

COST LIMIT : \$ 125.00

ORDER DATE: August 18, 2015

ORDER TIME : 1:03 PM

ORDER NO. : 750518-005

CUSTOMER NO: 128671A

FOREIGN FILINGS

NAME: ONE FLAGLER, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER:

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; One Flagler, 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. Delaware (FB) number, if applicable) Jurisdiction under the law of which foreign limited liability company is organized) Upon qualification (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penulty liability) 3350 Mary Street, Miami, FL 33133 (Street Address of Principal Office) 3350 Mary Street, Miami, Fl, 33133 (Mailing Address) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Levine & Partners, P.A. Name: 3350 Mary Street Office Address: , Plorids 33133 Mlami Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my dutles, and I am familiar with and accept the obligations of my position as registered agent. Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: The Manager shall be: Lincoln 818 Real Estate, LLC, 3350 Mary Street, Miami. FL 33133 9. Attached is a 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. (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. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Typed or printed name of signee

Delaware

PAGE :

The First State

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

DELAWARE, DO HEREBY CERTIFY "ONE FLAGLER, 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 EIGHTEENTH DAY OF AUGUST, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ONE FLAGLER, LLC" WAS FORMED ON THE FOURTEENTH DAY OF AUGUST, A.D. 2015.

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

5803952 8300

151184353

Jeffrey W. Bullock, Secretary of State

AUTHENTICATION: 2654202

DATE: 08-18-15

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