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Florida Department of State
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : INCORPORATING SERVICES FL
Account Number : I20050000052
Phone : (850)656-7956
Fax Number : (850)656-7953

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

Foreign Limited Liability Company
920 VALLEY LN, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00 ,

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S. YOUNG

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 920 VALLEY LN, 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:

NICOLE BOSE

Name of Person

PHOENIX INVESTMENT FUNDS

Firm/Company

19200 VON KARMAN AVENUE, SUITE 945

Address

IRVINE CA 92612

City/State and Zip Code

nbose@phoenixif.com

E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

NICOLE BOSE

949

381-7600

Name of Contact Person

at ()

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

Enclosed is a check for the following amount:

\$125.00 Filing Fee

\$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:

1. 920 VALLEY LN, 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 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 19200 VON KARMAN AVENUE, SUITE 945
IRVINE CA 92612
(Street Address of Principal Office)

6. 19200 VON KARMAN AVENUE, SUITE 945
IRVINE CA 92612
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: INCORPORATING SERVICES, LTD., INC.
Office Address: 1540 GLENWAY DR
TALLAHASSEE, Florida 32301
(City) (Zip code)

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Registered agent's acceptance:
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 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 duties, and I am familiar with and accept the obligations of my position as registered agent.

Justin Woods Justin Woods, Asst. Secretary
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
PHOENIX MIDDLE II, LLC
19200 VON KARMAN AVENUE, SUITE 945
IRVINE CA 92612

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)

Laura Robinson
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.

LAURA ROBINSON
Typed or printed name of signer

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "920 VALLEY LN, 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 NOVEMBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "920 VALLEY LN, LLC" WAS FORMED ON THE SIXTH DAY OF NOVEMBER, A.D. 2015.

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TALLAHASSEE, FLORIDA



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SR# 20150860447

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

Authentication: 10396260

Date: 11-10-15