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(Address) (Address) (City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

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16 JAN 28 AM 9: 13

JAN 2 9 2016 Y SULKER CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE: 974920 7833946

AUTHORIZATION

COST LIMIT : \$\f\\60.00

ORDER DATE: January 27, 2016

ORDER TIME : 9:53 AM

ORDER NO. : 974920-015

CUSTOMER NO: 7833946

FOREIGN FILINGS

NAME: 5333 COLLINS UNIT INVESTOR,

LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

____ PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER:

COVER LETTER

то:		tration Section on of Corporation	s							
SUBJEC			IT INVESTOR, LLC							
		Name of Limited Liability Company								
The encl Existenc	losed "/ e, and	Application by Fore check are submitted	eign Limited Liability Compa I to register the above referen	any for Authoriza nced foreign limit	tion to Tra ed liability	nsact Business in Florida," company to transact busin	Certificate of ess in Florida			
Please re	eturn al	l correspondence c	oncerning this matter to the f	ollowing:						
		Christina Cuerv	o							
		<u> </u>	Na	me of Person						
Firm/Company										
444 Brickell Avenue #700										
				Address						
		Miami, FL 331	31							
			City/Sta	ate and Zip Code						
christina@tdgfl.com										
			E-mail address: (to be used	for future annual	report not	ification)				
For furth	er info	ormation concerning	g this matter, please call:							
	Christ	tina Cuervo		305 at (576-143	30				
	_	Name o	f Contact Person	Area Code	Day	time Telephone Number				
	Division Regist P.O. E	cing ADDRESS: on of Corporations tration Section Box 6327 lassee, FL 32314			Division of Registrati Clifton B 2661 Exe	ADDRESS: of Corporations on Section uilding cutive Center Circle ce, FL 32301	,			
Enclosed		heck for the follow 25.00 Filing Fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filir Certified Copy	g Fee &	■ \$160.00 Filing Fee, Co of Status & Certified Co				

'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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Fore	ign Limited Liability Company: must include	Diffico Diagony Company. District Co.	220. 7
iability Company," "L.L.C."	ternate name adopted for the purpose of transation "LLC.")	acting business in Florida. The alternate nar	ne must include "Limited
Delaware	3		
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable)
	(Date first transacted business in Flor	ide if prior to registration	_
	(See sections 605.0904 & 605.0905, F.S	S. to determine penalty liability)	
444 Brickell Avenue #	700		-
Miami, FL 33131			
	(Street Address of Principal (Office)	-
444 Brickell Avenue #7	700		
Miami, FL 33131			
	(Mailing Address)		-
. Name and street addres	s of Florida registered agent: (P.O. Box	NOT_acceptable)	
Name:	Corporation Service Company		्र क
Office Address:	1201 Hays Street		
	Tallahassee	, Florida 32301	<u> </u>
	(City)	(Zip code)	
legistered agent's accep	tance: gistered agent and to accept service of pi		in the
his application, I hereby with the provisions of all s we obligations of my posi	accept the appointment as registered age statutes relative to the proper and completion as registered agent.	ent and agree to act in this capacity. I ete performance of my duties, and I at Melissa Zend	n familiar wil lt a nd accept
	(Registered agen	t's signature) Asst. Vice Presi	dent
8. The name, title or capa	city and address of the person(s) who has	s/have authority to manage is/are:	
Christina Cuervo, MGR		, ,	
144 Brickell Avenue #700)		
Miami, FL 33131			
Attached is a certificate urisdiction under the law of the translator must be su	of existence, no more than 90 days old, dof which it is organized. (If the certificate libraited)	luly authenticated by the official having is in a foreign language, a translation of	custody of records in the of the certificate under oath
	Signature of an out	horized person	
	ľ		

Typed or printed name of signee

Christina Cuervo

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "5333 COLLINS UNIT INVESTOR, 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-SEVENTH DAY OF JANUARY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "5333 COLLINS
UNIT INVESTOR, LLC" WAS FORMED ON THE SEVENTH DAY OF JANUARY, A.D.
2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Authentication: 201740094

Date: 01-27-16

5930683 8300 SR# 20160439349