M1600000197

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

Office Use Only



700281456817

NOT IN LOND OF FILING TO ACKNOW, LOSE SUFFICIENCY OF FILING 16 JAN 29 AH II: 33

RECEIVED

FILED
2016 JAN 29 A 8: 53
2016 JAN 29 A 8: 53

FEB 0 1 2016

8 MASON

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I200000	ACCOUNT	NO.	:	120000000195	5
-----------------------	---------	-----	---	--------------	---

REFERENCE: 976302 78375

AUTHORIZATION : Smell Roma

COST LIMIT : \$ (12\s_00

ORDER DATE: January 28, 2016

ORDER TIME : 8:36 AM

ORDER NO. : 976302-005

CUSTOMER NO: 7837524

FOREIGN FILINGS

NAME: EEFC 2400 NMA OWNER, LLC

XXXX QUALIFICATION (TYPE: <u>LL</u>)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER:

COVER LETTER

	istration Section sion of Corpora			
SUBJECT:	ŒFC	2400	HMA	Name of Limited Liability Company
				Name of Limited Liability Company
The enclosed Existence, an	"Application b d check are sub	y Foreign mitted to	Limited register the	Liability Company for Authorization to Transact Business in Florida," Certificate of the above referenced foreign limited liability company to transact business in Florida
Please return	all corresponde	ence conc	erning thi	is matter to the following:
	MAR	-c GIT	το	
				Name of Person
	EAS	T EM	D CAR	THE PARTNERS LLC
				Firm/Company
	600	MAT	دمي	Ne In Flood
				Asie Trans. Address
			easte	City/State and Zip Code EXPLAT COM Tess: (to be used for future annual report notification)
		는-1	naii adgre	ess: (to be used for runire annual report notification)
For further in	iformation conc	erning (h	is matter,	, please call:
	MARK	SULPLE	Baz	at (90) 281 - 0345 Area Code Daytime Telephone Number
	Ŋ	lame of P	erson	Area Code Daytime Telephone Number
Div Reg P.O	ision of Corpor gistration Section Box 6327 lahassee, FL 32	ations n		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
	s a check for \$125.00 Filing I		\$130.00	amount: Filing Fee & \$\sum \$155.00 \text{ Filing Fee & } \$\sum \$\$160.00 \text{ Filing Fee, Certificate} ate of Status & Certified Copy 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: (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 and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.") DELAWARE (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 110 FL NOW YORK (Street Address of Principal Office) loou (Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: YOLMAK, AR, 600 MADISON ALE IT FL., HOW YORK, NY 10022 PELETZ, AL GOO MADEON AND IN FL. NEW YORK, NY 10072 GITTO, AUTHORIZED REPRESENTATINE, 600 MADISON AVE 11º FL. HEW TOLK NT 1002

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 attirmation independent penaltics of perjury that the facts stated herein are true. I am aware that any false information submitted in a doctiment to the Department of State constitutes a third degree relong as provided for instance. The F.S.)

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.

EFFC 2400 MMA and GR. UC If unavailable, the alternate to be used in the state of Florida is:				
2. The name	e and the Florida street addres	ss of the registered agent ar	nd office are:	
	Corporation Service Comp	рапу		
		(Näme)		
	1201 Hays Street			
	Florida Street A	Address (P.O. Box NOT ACCEPT	ABLE)	
	Tallahassee	FI. 32301		
	<u> </u>	City/State/Zip		
liability com registered of statutes rela	pany at the place designated t	in this certificate, I hereby a apacity. I further agree to c to performance of my duties	comply with the provisions of all and I am familiar with and	
Statutes.				

\$ 25.00 \$ 30.00

5.00

Designation of Registered Agent

Certified Copy (optional)
Certificate of Status (optional)

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "EEFC 2400 NMA OWNER, 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-EIGHTH DAY OF JANUARY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EEFC 2400 NMA OWNER, LLC" WAS FORMED ON THE FOURTH DAY OF MARCH, A.D. 2014.

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

Authentication: 201745775

Date: 01-28-16

5490883 8300 SR# 20160462003