

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GREENSPOON MARDER, P.A.

Account Number : 076064003722 Phone : (888)491-1120 Fax Number : (954)343-6962

**Enter the email address for this business entity to be used for future appual report mallings. Enter only one email address please **

annual report mailings. Enter only one email address please.**
Email Address: jlubeck@elrhinvestments.com

Foreign Limited Liability Company AL Katy Management LLC

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Corporate Filing Menu

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1/29/2016

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February 1, 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

GREENSPOON MARDER PA

SUBJECT: AL KATY MANAGEMENT LLC

REF: W16000006747

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any further questions concerning your document, please call (850) 245-6051.

Justin M Shivers Regulatory Specialist III Registration/Qualification Section

FAX Aud. #: H16000024776 Letter Number: 916A00002059 • (Sip

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 LIMITATION COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

VI Ward Marin Scincill	LLC		
(Name of For	ign Limited Liability Company; must include	Limited Liability Company," "L.L.C.," or "LLC."	
Liability Company," "L.L.C,	ternate name adopted for the purpose of transaction "CLLC.")	ting business in Florida. The alternate name must	include "Limited
2. Delaware	3 81	-1250927	•
(Jurisdiction under the law company is organized)	of which lineign limited liability	(FEI number, if applicable)	
4			
	(Date first transacted business in Flori (See sections 603.0904 & 605.0905, P.S.	da, if prior to registration.) to determine penalty liability)	
, 11911 US Highway I,		• • • • • • • • • • • • • • • • • • • •	
North Palm Beach, FL	33408		
	(Street Address of Principal C	ffice)	
6. 11911 US Highway 1,	Suite 204		<u> </u>
N. I D.L. D.L. FY	22409		
North Palm Beach, FL	(Mailing Address)		
	(Manual Managa)		\mathbb{R}^{n}
7. Name and street address	s of Plorida registered agent: (P.O. Box)	iOT acceptable)	- E
Name:	Joseph G. Lubeck		हिंदा <u>-</u> -
000 4.11	11911 US Highway 1, Suito 204		A
Office Address:		22.400	<u>.</u>
•	North Palm Beach	, Florida	2
Registered agent's accep	(City)	(Zip code)	<u> </u>
this application, I hereby with the provisions of all	occept the appointment as registered age.	ocess for the above stated corporation at the nt and agree to act in this capacity. I furthe te performance of my duties, and I am fami	r agree to comply
	(Registered agent	's signature)	
8. The name, title or caps	acity and address of the person(s) who has	have authority to manage is/are:	
		lighway 1, Sie 204, N Palm Beach, PL 3340	8.
			··· ····· ;
9. Attached is a certificate jurisdiction under the law of the translator must be so	of which it is organized. (If the certificate	aly authenticated by the official having custon is in a foreign language, a translation of the c	ly of records in the entificate under oath
	Signature of an audi	forized person	
This document is executed submitted in a document to	in accordance with section 605.0203 (1) to the Department of State constitutes a thin	 (b), Florida Statutes. I am aware that any false d degree felony as provided for in s.817.155, 	Information F.S.
	Joseph G. Lubeck, Manager		
	Typed or printed no	ne of signee	

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Page 1

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

DELAWARE, DO HEREBY CERTIFY "AL KATY MANAGEMENT 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 FIRST DAY OF FEBRUARY, A.D. 2016.

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

5940570 8300
SR# 20160508241
You may verify this certificate online at corp delaware.gov/authver.shtml

Authentication: 201759325

Date: 02-01-16