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Y SULKER

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 010935 7914807

AUTHORIZATION :

COST LIMIT : \$/125.00

ORDER DATE: February 9, 2016

ORDER TIME : 3:59 PM

ORDER NO. : 010935-005

CUSTOMER NO: 7914807

#### FOREIGN FILINGS

NAME: 52 DELAND, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER:

### **COVER LETTER**

₽

TO:	Registration Section Division of Corporations					
SURJI	52 DELAND, LLC CT:					
001301	Name of Limited Liability Company					
	losed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of e, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida					
Please	eturn all correspondence concerning this matter to the following:					
	E.H. CAMP, III					
	Name of Person					
	OLDACRE MCDONALD					
	Firm/Company					
	3841 GREEN HILLS VILLAGE DRIVE, SUITE 400					
Address						
	NASHVILLE, TN 37215					
	City/State and Zip Code					
	slennon@oldacremcdonald.com					
	E-mail address: (to be used for future annual report notification)					
For fur	er information concerning this matter, please call:					
	at ( )					
	Name of Contact Person Area Code Daytime Telephone Number					
	MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301					
Enclose	is a check for the following amount:  \$\Boxed{\text{S125.00 Filing Fee}} \Boxed{\text{S130.00 Filing Fee}} \Boxed{\text{S130.00 Filing Fee}} \Boxed{\text{S155.00 Filing Fee}} \Boxed{\text{S155.00 Filing Fee}} \Boxed{\text{S160.00 Filing Fee}} \Boxed{\text{Certificate}} \text{Certified Copy}   \$\Boxed{\text{Certified Copy}} \Boxed{\text{S160.00 Filing Fee}} \Boxed{\text{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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

52 DELAND, LLC	SILVES IN THE STATEON PROMISE.			
(Name of Forc	ign Limited Liability Company: must include "I	Limited Liability Company," "L,L.C.," or "l	LLC.")	
Liability Company," "L.L.C."	ternate name adopted for the purpose of transact or "LLC.")	ing business in Florida. The alternate name	must include "Lim	ited
2. DELAWARE	3			
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable)		
4.	(Date first transacted business in Florida (See sections 605.0904 & 605.0905, F.S. 1	a, if prior to registration.)		
5. 3841 GREEN HILLS		o determine penanty nationally)		
NASHVILLE, TN 372	15			
	(Street Address of Principal Of	fice)		
6. 3841 GREEN HILLS V	/ILLAGE DR., STE. 400			
NASHVILLE, TN 372	15		<u> </u>	
	(Mailing Address)		-	יינ פרב
7. Name and street addres	s of Florida registered agent: (P.O. Box N	OT acceptable)	- E	
Name:	Corporation Service Company	····	13.00 10.00 10.00	5
Office Address:	1201 Hays Street		7	
	Tallahassee	, Florida <u>32301</u>	S	\$
	(City)	(Zip code)		
designated in this applica- to complywith the provision	gistered ayent and to accept service of pro tion, I hereby accept the appointment as re ons of all statutes relative to the proper an my position as registered ayent.  (Registand agent)	egistered agent and agree to act in this d complete performance of my duties,  Melissa Zen	capacity. I furth and I am familia	ier agree
8. The name, title or capa OMO, LLC, its Manager	acity and address of the person(s) who has/h	_		
3841 GREEN HILLS VII	LLAGE DR., STE. 400			
NASHVILLE, TN 37215				
9. Attached is a certificate jurisdiction under the law of the translator must be st	of existence, no more than 90 days old, du of which it is organized. (If the certificate is ubmitted)	ly authenticated by the official having c s in a foreign language, a translation of	ustody of records the certificate und	in the der oath
This document is executed	Signature of an authorities of authorities of an authorities of authorities		false information	
submitted in a document to	the Department of State constitutes a third Mark McDonald	degree felony as provided for in s.817.	155, F.S.	

Typed or printed name of signee

Page 1

# Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "52 DELAND, 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 NINTH DAY OF FEBRUARY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "52 DELAND, LLC"
WAS FORMED ON THE FIRST DAY OF FEBRUARY, A.D. 2016.

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

5952684 8300 SR# 20160694785 Authentication: 201804803

Date: 02-09-16