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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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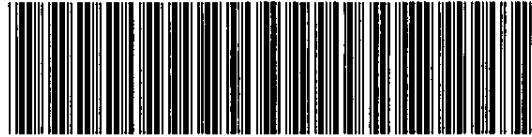
(Business Entity Name)

(Document Number)

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FEB 10 2016

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: VOLUNTEER PROPERTIES OF ST. PETE, 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:

CHRISTOPHER DAVID, ESQ.

Name of Person

FUERST ITTLEMAN DAVID & JOSEPH PL

Firm/Company

1001 BRICKELL BAY DRIVE, SUITE 3200

Address

MIAMI, FLORIDA 33131

City/State and Zip Code

CDAVID@FUERSTLAW.COM

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

For further information concerning this matter, please call:

KARLEEN FOSTER

305

350-5690

at (_____) _____

Name of Contact Person

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. VOLUNTEER PROPERTIES OF ST. PETE, 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. 81-1130335

(Jurisdiction under the law of which foreign limited liability company is organized)

(FEI number, if applicable)

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

5. 4700 SHERIDAN STREET, SUITE B

HOLLYWOOD, FL 33021

(Street Address of Principal Office)

6. 4700 SHERIDAN STREET, SUITE B

HOLLYWOOD, FL 33021

(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: FUERST ITTLEMAN DAVID & JOSEPH PL

Office Address: 1001 BRICKELL BAY DRIVE # 3200

MIAMI

(City)

, Florida 33131

(Zip code)

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.

(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

KC CROSS, MANAGER

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)

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.

CHRISTOPHER DAVID, ESQ.

Typed or printed name of signee

16 FEB - 6 AM 11:16
CLERK OF THE COURT
JUDICIAL CIRCUIT IN AND FOR
THE COUNTY OF DADE, FLORIDA

**STATE of DELAWARE
LIMITED LIABILITY COMPANY
CERTIFICATE of FORMATION**

State of Delaware
Secretary of State
Division of Corporations
Delivered 03:09 PM 01/11/2016
FILED 03:09 PM 01/11/2016
SR 20160152915 - File Number 5933512

First: The name of the limited liability company is Volunteer Properties
of St. Pete, LLC

Second: The address of its registered office in the State of Delaware is _____
160 Greentree Drive # 101 in the City of Dover
Zip code 19904. The name of its Registered agent at such address is
National Registered Agents Inc.

Third: (Use this paragraph only if the company is to have a specific effective date of
dissolution; "The latest date on which the limited liability company is to dissolve is
_____".)

Fourth: (Insert any other matters the members determine to include herein.)

In Witness Whereof, the undersigned have executed this Certificate of Formation this

11th day of January, 2016.

By: 

Authorized Person (s)

Name: Christopher David

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "VOLUNTEER PROPERTIES OF ST. PETE, 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 THIRTIETH DAY OF JANUARY, A.D. 2016.



5933512 8300

SR# 20160464859

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

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 201755436

Date: 01-30-16