1116000001267

(Re	equestor's Name)	· · · · · · · · · · · · · · · · · ·			
(Ad	ldress)				
(Ad	ldress)				
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
· (Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					

Office Use Only



700281819917

02/15/16--01013--015 **160.00

2016 FEB 15 AM II: 47

K. SALY EXAMINER

FEB 16

COVER LETTER

Registration Section

TO:

Div	ision of Corporation	S					
SUBJECT:	Collier Tampa USF II LLC						
	Name of Limited Liability Company						
		eign Limited Liability Comp d to register the above refere					
Please return	all correspondence c	oncerning this matter to the	following:				
	Angela Tharpe						
	Name of Person						
	The Collier Companies, Inc.						
	Firm/Company						
	220 N Main St						
	Address						
	Gainesville, FL 32601						
,	City/State and Zip Code						
-	angela.tharpe@co	olliercompanies.com					
		E-mail address: (to be used	for future annual	report not	ification)		
For further in	nformation concerning	g this matter, please call:					
An	gela Tharpe		352 at (213.561	12		
	Name o	f Contact Person	Area Code	Day	time Telephone Number		
Div Reg P.O	ILING ADDRESS: ision of Corporations istration Section . Box 6327 tahassee, FL 32314			Division of Registrati Clifton B 2661 Exe	of Corporations on Section uilding cutive Center Circle ee, FL 32301		
	check for the follow 125.00 Filing Fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filir Certified Copy	ng Fee &	■ \$160.00 Filing Fee, Co of Status & Certified Cop		

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:

Collier Tampa USF II I	LLC		
(Name of Fore	eign Limited Liability Company; must include	"Limited Liability Company," "L.L.C.," or	"LLC.")
(If name unavailable, enter al Liability Company," "L.L.C,"	Iternate name adopted for the purpose of transa " or "LLC.")	cting business in Florida. The alternate nam	e must include "Limited
2 Delaware	3. 8	1-0844168	
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable)	
4.			
	(Date first transacted business in Flori (See sections 605.0904 & 605.0905, F.S.	da, if prior to registration.)	
5. 220 N Main St	(320 3201013 003.0701 & 003.0703, 1.0		
Gainesville, FL 32601	•		2016 FEB 15
	(Street Address of Principal C	Office)	TO LANGE
6. 220 N Main St			A TI
Gainesville, FL 32601			
	(Mailing Address)		
7. Name and street address	ss of Florida registered agent: (P.O. Box]	NOT acceptable)	Marie Ag Ag
	Nathan S. Collier		
Name:	Nathan B. Conte		
Office Address:	220 N Main St		
	Gainesville,	Florida 32601	
•	(City)	(Zip code)	•
designated in this applica to complywith the provision	nance: egistered agent and to accept service of pro- stion, I hereby accept the appointment as a wns of all statutes relative to the proper an my position as registered agent. (Registered agent	registered agent and agree to act in thi nd complete performance of my duties	is capacity. I further agree
8. The name, title or capa	acity and address of the person(s) who has	have authority to manage is/are:	
•	manager of Collier Tampa II Developmen		llier
Tampa II Holdings LLC,	as sole manager of Collier Tampa USF II	LJC	
		s in a foreign language, a translation of	
`	Signature of an auth	torized 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.

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "COLLIER TAMPA USF II 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 ANNUAL TAXES HAVE BEEN PAID TO DATE.

2016 FEB 15 AM 11:47

Authentication: 201806743

Date: 02-09-16

5883097 8300 SR# 20160698297