MILOUDOIL039

(Requestor's Name)						
(Address)						
(Address)						
(Addiess)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Samuel Line)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
{						

Office Use Only



800282391868

02/24/16--01004--008 **150.00

15 FEB 24 AH II: 39

2016 FEB 24 A 4 20
SECRETARY OF SINTE
TAIL ANALYSEE, FI GREET

EB 29 2016 BRUCE February 24, 2016

Department of State, Florida Clifton Building 2611 Executive Center Circle Tallahassee FL 32301

Re:

Order #: 9894863 SO

Customer Reference 1: FL / Redomestication

Customer Reference 2:

Dear Department of State, Florida:

Please obtain the following:

FD Beach Blvd, LLC (FL) Conversion

Florida

FD Beach Blvd, LLC (VA)

Registration

Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092.

Thank you very much for your help.

Sincerely,

ŧΞ

Connie R Bryan Senior Fulfillment Specialist Connie.Bryan@wolterskluwer.com

COVER LETTER

TO:

SUBJI	FD Beach Blvd, LLC			
rt#Da i	Name of Limited Liability Company			
he en xisten	d "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Cond check are submitted to register the above referenced foreign limited liability company to transact business	'ertificate ss in Flori		
lease	all correspondence concerning this matter to the following:			
	Stacy F, Munroe			
	Name of Person			
	Williams Mullen			
Firm/Company				
	222 Central Park Avenue, Suite 1700			
	Address			
	Virginia Beach, VA 23462			
	City/State and Zip Code			
	smunroe@williamsmullen.com			
	F-mail address: (to be used for future annual report notification)			
or fun	nformation concerning this matter, please call:	1		
	cy F. Munroe 757 473-5340 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	er come min		
	Name of Contact Person Area Code Daytime Telephone Number			
	AlLING ADDRESS: ision of Corporations distration Section Box 6327 Clifton Building Lahassee, FL 32314 Clifton Building Control Corporation Section Control Control Corporation Section Control Contr			
nclose	check for the following amount: i125.00 Filing Fee	ìficate		

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 HABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of For	eign Limited Liability Company; must include	'Limited Liability Company," "L.L.C.," o	r"LLC.")		•
(It name unavailable, enter a	hernate name adopted for the purpose of transau," or "LLC.")	cting business in Florida. The alternate na	me must in	alude "Lin	_ nited
2. Virginia	3,				
	of which foreign limited liability	(FEI number, if applicable)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-
4 upon qualification					
	(Date first transacted business in Floric (See sections 605.0904 & 605.0905, F.S.	la, if prior to registration.)	_		
5. 500 Volvo Parkway					
Chesapeako, VA 2332	0				
	(Street Address of Principal O	ffice)			
6. 500 Volvo Parkway		············			
Chesapeake, VA 2332	0				
	(Mailing Address)				
7. Name and street addres	s of Florida registered agent: (P.O. Box 1)	IOT acceptable)		2016	
Name:	C T Corporation System	AMATA AND AND AND AND AND AND AND AND AND AN	35- 169 (300-14)	8	in part of the state of the sta
Office Address:	1200 South Pine Island Road			3 24	1
	Plantation	Florida 33324			1
	(City)	, Florida 33324 (Zip code)	- 프린	∀	
designated in this applicate complywith the provision	gistered agent and to accept service of pro tion, I hereby accept the appointment as r ons of all statutes relative to the proper an ny position as registered agent. C 1 Comparation System	egistered agent and agree to act in th	is capacit	angent the v. Warth	ier agree
	(Registered agent		_		
8 The name title or cans	city and address of the person(s) who has/f	nous authority to monage ichies:			
•	500 Volvo Parkway, Chesapeake, VA 233	• •			
	ve VP and Chief Financial Officer, 500 Vo				
	r Vice President and Secretary, 500 Volvo		**************************************	ı	
9. Attached is a certificate	of existence, no more than 90 days old, dul of which it is organized. (If the certificate is	y authenticated by the official having s in a foreign language, a translation o	custody o	f records icate und	in the ler oath
	Signature of an autho	rized person			
This document is executed submitted in a document to	in accordance with section 605,0203 (1) (b the Department of State constitutes a third), Florida Statutes. I am aware that an degree felony as provided for in s.817	y false info	rmation	

Kevin Wampler, Executive VP and Chief Financial Officer

Typed or printed name of signee

Commonwealth of Hirginia



State Corporation Commission

CERTIFICATE OF FACT

I Certify the Following from the Records of the Commission:

That FD Beach Blvd, LLC is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

That the date of its organization is February 23, 2016; and

That the limited liability company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date: February 23, 2016

Joel H. Peck, Clerk of the Commission

CISECOM
Document Control Number: 1602236555