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FALL AHASSEE, FLORIS

DEPARTMENT OF STAT

K.SALY EXMAINER MAR 28 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 077883

AUTHORIZATION

COST LIMIT :

ORDER DATE: March 25, 2016

ORDER TIME : 3:32 PM

ORDER NO. : 077883-025

CUSTOMER NO: 7483879

#### FOREIGN FILINGS

NAME: A3 SOUTH DEVELOPMENT, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER:

## 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:

COMPANY TO TRANSACT BUT 1 A3 South Development		PFFLORIDA:		
(Name of Fore	ign Limited Liability Co	mpany; must include "Limi	ed Liability Company," "L.L.C.," or "	LLC.")
(If name unavailable, enter alt Liability Company," "L.L.C,"		the purpose of transacting	business in Florida. The alternate nam	e must include "Limited
2. Delaware	,	3. pendin	g	
(Jurisdiction under the law of company is organized)	of which foreign limited	Tiability 3.	(FEI number, if applicable)	Harmon, A. C.
4. upon qualification				
	(Date first transa (See sections 605 0	ncted business in Florida, if 1904 & 605.0905, F.S. to de	prior to registration.)	
5. 4000 Island Boulevard	•			2016 HAR 25
Aventura, FL 33160				TE D
,	(Street 2	Address of Principal Office		· Se in land
6. 4000 Island Boulevard,	PH-2			79 = 1
Aventura, FL 33160				A STATE OF THE STA
		(Mailing Address)	•	A STATE OF S
7. Name and street addres	s of Florida registered	agent: (P.O. Box. NOT	accentable)	, f.m.
Name:	Corporation Service	<del>-</del> ·	accopiaoic)	
Office Address:	1201 Hays Street			
	Tallahassee		, Florida	-
Registered agent's accep	•	(City)	(Zip code)	
Having been named as re this application, I hereby	gistered agent and to accept the appointme statutes relative to the	nt as registered agent an proper and complete pe	Asst. V	further agree to comply
		(Regjstered agent's sig	nature)	
8. The name, title or capa TG CO Management, Inc	-	e person(s) who has/have	authority to manage is/are:	
4000 Island Boulevard, Pl	H-2			
Aventura, FL 33160				<u> </u>
	of which it is organize ubmitted)		athenticated by the official having a foreign language, a translation of	
		Signature of an authorize	d person	<u>-</u>
	n 605.0203, F.S., the ctrue. I am aware that a	execution of this docume	nt constitutes an affirmation under nitted in a document to the Depart	

Typed or printed name of signee

Page 1

# <u>Delaware</u>

### The First State

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

DELAWARE, DO HEREBY CERTIFY "A3 SOUTH DEVELOPMENT, 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 TWENTY-FIFTH DAY OF MARCH, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "A3 SOUTH

DEVELOPMENT, LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF MARCH, A.D.

2016.

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

2016 MAR 25 AM II: II

Authentication: 202044857

Date: 03-25-16

5994639 8300 SR# 20161881339