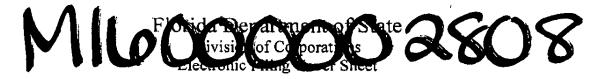
Division of Corporations

Page 1 of 2



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(((H16000083193 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TRIAD PROFESSIONAL SERVICES

Account Number : 120160000008

: (850)777-2091 Fax Number : (770)220-1943

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

Foreign Limited Liability Company Pembroke Park GP LLC

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Corporate Filing Menu

Help

COVER LETTER

TO:	tegistration Section Sivision of Corporations					
SUBJE	PEMBROKE PARK GP LLC					
Name of Limited Liability Company						
	sed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of and check are submitted to register the above referenced foreign limited liability company to transact business in Florida					
Please re	im all correspondence concerning this matter to the following:					
	Sharon K. Gray					
	Name of Person					
Triad Professional Services						
Firm/Company						
	1720 Windward Concourse, Ste. 390					
Address						
	Alpharetta, GA 30005					
	City/State and Zip Code					
D. C. 4)	E-mail address: (to be used for future annual report notification)					
For furt	r information concerning this matter, please call:					
	Sharon K. Gray 770 777-2091 at (
	Area Code Daytime Telephone Number MAILING ADDRESS: STREET ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Clifton Building Callahassee, FL 32314 Callahassee, FL 32301					
Enclose	is a check for the following amount: \$\Begin{array}{llll} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					

850-617-6381

4/5/2018 11:47:43 AM PAGE 1/001 Fax Server



April 5, 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

TRIAD PROFESSIONAL SERVICE

SUBJECT: PEMBROKE PARK GP LLC

REF: W16000025042

16 APR -5 AM 8: 52 SECRETARY OF STATE TALLANCSSEE, FLORIDA

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker Regulatory Specialist II FAX Aud. #: H16000083193 Letter Number: 616A00006895

2016 APR -5 PM 12: 21
SECOLOMINA SEE FOR THE

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE IVITH SECTION GISLOND, FLORIDA STATUTES, THE FOLIOIVING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSICT BUSINESS IN THE STATE OF FLORIDA.

1. Pembroke Park GP LLC (Name of Fore	ign Limited Liability Company; must inc	sude "Limited Liability Compar	IV." "L.L.C.," or "LLC	·")	
(If name anavailable, enter als	emate name adopted for the purpose of				_ nited
Liability Company," "L.L.C."	or "LLC.")	•			
2. Delaware (Jurisdiction under the law or company is organized)	of which foreign limited liability	(PEI min)	per, if applicable)		-
Upon qualification					·
	(Date first transacted business in (See sections 605.0904 & 605.090	Florida, if prior to registration. J. F.S. to determine penalty liab	ility)		o ;
5. 2801 SW 31st Avenue,		•	••		3
Minni, FL 33133				下XX SS	5
7801 537 31 11 4	(Street Address of Princ	ipal Office)		TO TO	= [
6. 2801 SW 31st Avenue,	Suite 2B			JF STATE FLORID	FH 8: 5;
Miami, FL 33133				97	ريا -
	(Mailing Addi	055)		SA	స
7. Name and street address	g of Florida registered agent: (P.O. I	lox NOT acceptable)		>	
Nume:	NRAI Services, Inc.				
Office Address:	1200 South Pine Island Road				
	Plantation	£1 cetela	33324		
	(City)	, Proffcia	(Zip code)		
designated in this applicate to complywith the provision	nance: glstered agent and to accept service tion, I hereby accept the appointment ons of all statutes relative to the pro- try position as registered prent. (Registered	it as registered agent and ag er and complete performan	ree to uct in this cap	pacity. I furt	her agree
/ 1	city and address of the person(s) who	has/have authority to mana	go Is/arc: 🦯		
Jay Massirman (1776)	<u>(代)</u>				
2801 SW 31st Avenue, Su	nite 2B				
Miami, FL 33133					
jurisdiction under the law o	of existence, no more than 90 days of which it is organized. If the ceptitionitted) Signature of a	ld, duly authenticated by the cate is in a foreign language	official having custo, a translation of the	udy of records certificala un	s in the der outh
This document is executed submitted in a document to	in accordance with section 605.0203 the Department of State constitutes	(1) (b), Florida Statutes. I at third degree felony as provi	n aware that any fals ded for in s.817.155,	e information , F.S.	i
	Jay Massirman				
	Typed or prints	d name of signee			

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "PEMBROKE PARK GP 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 FOURTH DAY OF APRIL, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PEMBROKE PARK GP LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF MARCH, A.D. 2016.

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

6002500 8300

SR# 20162051767

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

Authentication: 202087828

Date: 04-04-16