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Florida Department of State

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Foreign Limited Liability Company **624 COLLINS OWNER LLC**

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Corporate Filing Menu

Help

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

1.	624 Collin	ns Owner LLC		
(Name of Parei	gn Limited Liability Company; must in		npuny," "L.L.C.," or "	11.7.")
If name unavailable, enter alt	ernate name adopted for the purpose of or "LLC.")	transacting business in Ploti	tia. The alternate name	e must Include "Limited
), Dal	awan	3		
(Jurisdiction under the law of company is organized)	Which foreign limited liability	(FEI r	umber, if applicable)	
l,				6 X
	(Date first transacted business i (See sections 605 0904 & 605 09	n Florida, if prior to registrat 05, F.S. to determine penalty	ion.) liability)	
				6
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- Control of the second of the	Edd beh Avenue des Misses als	and Many Vand 40022		021 18 08 18
Action and a second	560 5th Avenue, 3rd Floor, New You (Mulling Add			000
. Name and street address	of Florida registered agent: (P.O.	Box NOT acceptable)		
Name:	National Corporate Resea	rch, Ltd., Inc.		
Office Address:	115 North Calhoun Stre	et, Sulte 4		
	Y -11-b			
	Tallahassee	Florie	32301	
Registered agent's accept:	(City)	, Floric	(2ip ende)	
Having been named as reg lesignated in this applicati o complywith the provision occept the obligations of m	(City)	of process for the above int as registered agent and per and complete perform the work of the complete performance of the compl	(2.ip ende) stated limited liabili lagree to act in this nance of my duties,	capacity. I further agree
Faving been named as reg lesignated in this applicati o complywith the provision occept the obligations of m second the obligations of m 8. The name, title or capac	(Chy) ance: Istered agent and to accept service on, I hereby accept the appointments of all statutes relative to the pro y position as registered agent. Ann Mans. (Registered Ann.) P. 1972 CV (1971)	of process for the above int as registered agent and oper and complete perform which is signature. I agent's signature. I agent's signature. I agent's authority to me	(2.ip code) stated limited liabili lagree to act in this nance of my duties,	capacity. I further agree
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Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "624 COLLINS OWNER LLC" IS DULY FORMED

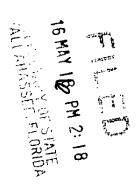
UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS

OF THE THIRTEENTH DAY OF MAY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "624 COLLINS OWNER LLC" WAS FORMED ON THE TWELFTH DAY OF MAY, A.D. 2016.

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



6040798 8300 SR# 20163186392

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

Jeffrey Vo Hudines Secretary of Siste

Authentication: 202315855

Date: 05-13-16

From:

05/18/2016 12:36 #454 P.004/004

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May 18, 2016

FLORIDA DEPARTMENT OF STATE

NATIONAL CORPORATE RESEARCH, LTD. Division of Corporations

SUBJECT: 624 COLLINS OWNER LLC

REF: W16000035480

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.

Shelia H Young Regulatory Specialist II FAX Aud. #: H16000119350 Letter Number: 316A00010216

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P.O BOX 6327 - Tallahassee, Florida 32314