M1600000 7993

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer: Cert. WIV-33497

Office Use Only



000285305410

05/05/16--01025--028 **125.00

16 MAY 17 AH 7: 23

MAY 20 2016 SHIVERS



May 6, 2016

CHRISTINA RESENDE 1400 NW 107TH AVENUE, 5TH FLOOR MIAMI, FL 33172

SUBJECT: ADLER DADELAND MANAGER, LLC

Ref. Number: W16000033497

We have received your document for ADLER DADELAND MANAGER, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Stacey M Warren Regulatory Specialist II

Letter Number: 616A00009600

COVER LETTER

TO:

TO:	Registration Section Division of Corporation	ns					
SUBJE(Adler Dadeland Ma	nager, LLC					
SODJE	C1.	Name of	Limited Liability (Company			
		reign Limited Liability Comp ed to register the above refero					
Please r	eturn all correspondence	concerning this matter to the	following:				
	CHRISTINA F	ESENDE					
		N	ame of Person				
	ADLER GROU	JP INC.					
	Firm/Company						
	1400 NW 1071	TH AVE, 5TH FL					
	Address						
	MIAMI, FL 33	172					
		City/S	tate and Zip Code				
	CRESENDE@A	DLERGROUP.COM					
		E-mail address: (to be used	d for future annua	report not	ification)		
For furti	ner information concernin	g this matter, please call:					
	CHRISTINA RESEND	Ε	305 at (392-40	24		
	Name o	of Contact Person	Area Code	Day	rtime Telephone Number		
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division Registrat Clifton B 2661 Exe	of Corporations ion Section duilding ecutive Center Circle see, FL 32301		
Enclose	d is a check for the follow \$\pi\$ \$125.00 Filing Fee	ring amount: ☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filid Certified Copy		□ \$160.00 Filing Fee, Ce 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

COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA-

ANAGER, LLC Limited Liability Company; must include "Limited L sate name adopted for the purpose of transacting busin "LLC.") 3. (Date first transacted business in Florida, if prior (See sections 605.0904 & 605.0905, F.S. to determine the first transacted business in Florida, if prior (See sections 605.0904 & 605.0905, F.S. to determine the first transacted business in Florida, if prior (See sections 605.0904 & 605.0905, F.S. to determine the first transacted business in Florida, if prior (Street Address of Principal Office) (Mailing Address) Filorida registered agent: (P.O. Box NOT accept the first transacted business in Florida accept the first transacted business in Florida, if prior (See sections 605.0904 & 605.0905, F.S. to determine the first transacted business in Florida, if prior (Street Address of Principal Office) The FLOOR	(FEI number, if applients or registration.) ne penalty liability)	te name must	include To MAY 17 AH	"Limited
(Street Address of Principal Office) (Mailing Address) (Florida registered agent: (P.O. Box NOT accept DLER RA, LLC	(FEI number, if applients or registration.) ne penalty liability)	te name must	include To MAY 17 AH	"Limited
"LLC.") 3 which foreign limited liability (Date first transacted business in Florida, if prior (See sections 605.0904 & 605.0905, F.S. to determine the FLOOR (Street Address of Principal Office) "H FLOOR (Mailing Address) Felorida registered agent: (P.O. Box NOT accept DLER RA, LLC) 100 NW 107TH AVE, 5TH FL	(FEI number, if application) to registration.) ne penalty liability)		IBMAY 17 AB	"Limited
(Date first transacted business in Florida, if prior (See sections 605.0904 & 605.0905, F.S. to determine TH FLOOR (Street Address of Principal Office) (H FLOOR (Mailing Address) Forida registered agent: (P.O. Box NOT accept DLER RA, LLC) 100 NW 107TH AVE, 5TH FL	to registration.) ne penalty liability)	Cable)	MAY 17 AB	
(Date first transacted business in Florida, if prior (See sections 605.0904 & 605.0905, F.S. to determine the FLOOR (Street Address of Principal Office) (H FLOOR (Mailing Address) F Florida registered agent: (P.O. Box NOT accept DLER RA, LLC) 00 NW 107TH AVE, 5TH FL	to registration.) ne penalty liability)	Cable)	MAY 17 AB	
(Street Address of Principal Office) TH FLOOR (Mailing Address) TFlorida registered agent: (P.O. Box NOT acception of NW 107TH AVE, 5TH FL		AALLAHASSEE, FLOO	MAY 17 AB	
(Street Address of Principal Office) TH FLOOR (Mailing Address) TFlorida registered agent: (P.O. Box NOT acception of NW 107TH AVE, 5TH FL		ALLAHASSEE, ELO	MAY 17 AB	
(Street Address of Principal Office) TH FLOOR (Mailing Address) TFlorida registered agent: (P.O. Box NOT acception of NW 107TH AVE, 5TH FL		AALLAHASSEE, FLOO	MAY 17 AB	
(Mailing Address) Florida registered agent: (P.O. Box <u>NOT</u> acception of the property of the	otable)	AALLAHASSEELELO	MAY 17 AB	*
(Mailing Address) Florida registered agent: (P.O. Box <u>NOT</u> acception of the property of the	otable)	AALLAHASSEE, ELO	MAY 17 AB	å
(Mailing Address) FFlorida registered agent: (P.O. Box <u>NOT</u> acception of the property of the	otable)	VLLAHASSES, FLO	MAY 17 AB	#
FFlorida registered agent: (P.O. Box <u>NOT</u> acception of the property of the pr	otable)	All ASSEELFLO	MAY 17 AB	
FFlorida registered agent: (P.O. Box <u>NOT</u> acception of the property of the pr	otable) 	ASSEE, FLOI	TIT AH	्रं सं स
DLER RA, LLC 00 NW 107TH AVE, 5TH FL	otable) 	SE FLO		#
00 NW 107TH AVE, 5TH FL	_	24. 21. 24. 21.		<u>, </u>
		<u></u>		
			7: 23	
IAMI	, Florida ³³¹⁷²		ω	
(City)	(Zip code	e)		
, I hereby accept the appointment as registered of all statutes relative to the proper and comple position as registered agent.	agent and agree to act i le performance of my d	in this capac	city. I fi	further agi
•				
•	· ·			
SIDENT: DAVID'S, ADLER, VP; JONATHA	N RAIFFE, VP:			
ARY / TREASURER				
existence, no more than 90 days old, duly authent which it is organized. (If the certificate is in a fore itted)	icated by the official having language, a translati	ving custody ion of the cer	y of reco	ords in the under oat
, 000 / SS N	I hereby accept the appointment as registered of all statutes relative to the proper and complet osition as registered agent. (Registered agent's signature and address of the person(s) who has/have authorstates and address of the person(s) who has/have authorstates. RY / TREASURER Existence, no more than 90 days old, duly authent high it is organized. (If the certificate is in a fore tied)	I hereby accept the appointment as registered agent and agree to act of all statutes relative to the proper and complete performance of my a osition as registered agent. (Registered agent's signature) and address of the person(s) who has/have authority to manage is/are: SIDENT: DAVID S. ADLER, VP: JONATHAN RAIFFE, VP: RY/TREASURER existence, no more than 90 days-old, duly authenticated by the official has hich it is organized. (If the certificate is in a foreign language, a translational description of the certificate is in a foreign language, a translational description.)	I hereby accept the appointment as registered agent and agree to act in this capa of all statutes relative to the proper and complete performance of my duties, and I osition as registered agent. (Registered agent's signature) and address of the person(s) who has/have authority to manage is/are: SIDENT: DAVID S. ADLER, VP: JONATHAN RAIFFE, VP: RY/TREASURER existence, no more than 90 days-old, duly authenticated by the official having custody hich it is organized. (If the certificate is in a foreign language, a translation of the center)	(Registered agent's signature) and address of the person(s) who has/have authority to manage is/are: SIDENT: DAVID S. ADLER, VP: JONATHAN RAIFFE, VP: RY / TREASURER Existence, no more than 90 days old, duly authenticated by the official having custody of receptich it is organized. (If the certificate is in a foreign language, a translation of the certificate itee) Constitution of the certificate itee.

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.



Page 1

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

DELAWARE, DO HEREBY CERTIFY "ADLER DADELAND MANAGER, 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 TENTH DAY OF MAY, A.D. 2016.

Authentication: 202294540

Date: 05-10-16