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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number: FCA00000023

: (850)205-8842

Fax Number

: (850)878-5368

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

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Foreign Limited Liability Company DPF Suniland Lease Management LLC

Certificate of Status	0
Certified Copy	0
Fage Count	03
Estimated Charge	\$125.00

MAY 23 2016

Electronic Filing Menu

Corporate Filing Menu

Help J SHIVERS

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 COMPANY TO TRANSACT BUSINESS: IN THE STATE OF FLORIDA:

1. DPF Suniland Lease M		
(Name of For	eign Limited Liability Company; must include "Lin	mited Liability Company," "L.L.C.," or "LLC.")
Liability Company," "L.L.C,	Iternate name adopted for the purpose of transacting	g business in Florida. The alternate name must include "Limited
2. Delaware	3	
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable)
4	(Date first transacted business in Florida, i	if prior to registration.)
5. 518 17th Street Suite 1	(See sections 605.0904 & 605.0905, F.S. to d	determine penalty liability)
Denver CO 80202		
619 17d Co C	(Street Address of Principal Office	grant.
6. 518 17th Street Suite 17		
Denver CO 80202	·	7. eg
	(Mailing Address)	3 B 4
7. Name and street address	s of Florida registered agent: (P.O. Box NOT	T acceptable)
Name:	C T Corporation System	
Office Address:	1200 South Pine Island Road	
	Plantation	Florida 33324
10 *.A 1 A1 A	(City)	(Zip code)
designated in this applicat	gistered agent and to accept service of proces: tion, I hereby accept the appointment as regis	ss for the above stated limited liability company at the plac stered agent and agree to act in this capacity. I further ag complete performance of my duties, and I am familiar with
accept the obligations of n	ny position as registered agent.	• • • • • • • • • • • • • • • • • • • •
I	By: CT Corporation System	<u>Connie Bayan</u>
	(Registeed agent's sig	fissistant Secretari
•	city and address of the person(s) who has/have	•
DCTRT Real Estate Holde	co LLC Member 518 17th Street Suit	ite 1700, Denver CO 80202
		A STATE OF THE STA
9. Attached is a certificate of jurisdiction under the law of	of existence, no more than 90 days old, duly au	uthenticated by the official having custody of records in the a foreign language, a translation of the certificate under out
of the translator must be sul	Mady	
	Signature of an authorized	ed person
This document is executed submitted in a document to	in accordance with section 605.0203 (1) (b), FI the Department of State constitutes a third degi	Florida Statutes, I am aware that any false information gree felony as provided for in s.817.155, F.S.
	Sarah Wadsworth, Assistant Secretary of Men	mber
-	Typed or printed name of s	signee

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "DPF SUNILAND LEASE MANAGEMENT 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 SIXTEENTH DAY OF MAY, A.D. 2016.

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

6038325 8300

SR# 20163245433

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

Jeffrey W. Bullack, Encourage of State

Authentication: 202324082

Date: 05-16-16