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7 AT BLUE LAGOON (2), LLC

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AUTHORIZATION: ABBIE/PAUL HO

COVER LETTER

Registration Section

TO:

		Name of	Limited Liability Com	pany
enclosed ' stence, and	'Application by Fo	reign Limited Liability Comed to register the above refer	pany for Authorization enced foreign limited l	n to Transact Business in Florida," Certif liability company to transact business in
ase return a	ll correspondence	concerning this matter to the	following:	
	Karen Rodrigi	ıez		
		N	lame of Person	
	Triad Professi	onal Services		
		F	irm/Company	
	1720 Windwa	rd Concourse, S. 390		•
			Address	
	Alpharetta, G/	A 30005		
		City/S	tate and Zip Code	
	carolineweiss@			
		E-mail address: (to be use	d for future annual rep	ort notification)
further info	ormation concernir	ig this matter, please call:		
Karer	n Rodriguez		770 7	777-2091
	Name	of Contact Person	Area Code	Daytime Telephone Number
Divisi Regist P.O. E	LING ADDRESS on of Corporation tration Section Box 6327 nassee, FL 32314		Div Re Cli 260	REET ADDRESS: vision of Corporations gistration Section fron Building 61 Executive Center Circle llahassee, FL 32301
	heck for the follow 25.00 Filing Fee	ring amount: ☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fe	ce & \$160.00 Filing Fee, Certificate of Status & Certified Copy

COVER LETTER

ŢO:		tion Section of Corporation	ns				
SUBJEC		coln Avenue Cap					
SOBOL	···			Limited Liability	Company		
						nnsact Business in Florida," Ce y company to transact business	
Please re	eturn all o	orrespondence c	oncerning this matter to the	following:			
		Ralphaelita Ups	shaw, Paralegal				
			N	ame of Person			
		Kilpatrick Town	nsend & Stockton LLP				
	•		F	irm/Company			
		1100 Peachtree	Street, NE, Suite 2800				
	·			Address			
		Atlanta, Georgi	а 30309				
	•		City/S	tate and Zip Code			
	у	oni@lincolnave	cap.com				
	-		E-mail address: (to be use	d for future annual	report not	ification)	
For furth	er inform	ation concerning	g this matter, please call:				
	Ralphael	ita Upshaw		404 at (815-613	33	
		Name o	f Contact Person	Area Code	Day	time Telephone Number	
	Division Registrati P.O. Box	G ADDRESS: of Corporations on Section 6327 ee, FL 32314			Division of Registrati Clifton B 2661 Exe	CADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301	
		k for the followi 0 Filing Fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filir Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Certif of Status & Certified Copy	icate

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 TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

AT BLUE LAGOON (2), LLC		UNITED IN THE STATE OF TEORIDA.	,			
Liability Company, ""L.L.C," or "L.L.C," o			lability Company," "L.L.C.," or "L	LC;")		
Delaware (Uursidiction under the law of which foreign limited liability company is organized) 4. upon qualification (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty (liability) 5. 3187 Royal Road Coconut Grove, FL 33133 (Street Address of Frincipal Office) 6. 3187 Royal Road Coconut Grove, FL 33133 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Office Address: 1200 South Pine Island Road Plantation, FL (City) Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stand limited liability company at the place designated in this application. I hereby accept the appointment are registered agent and agree to act in this capacity. I further agree to complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with a accept the obligations of my position at registered agent. (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Caroline Weiss, Manager/Sole Member, 3187 Royal Road, Coconut Grove, Fl 33133 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) Signature of an authorized person This document to the Department of State constitutes a third degree genopy as provided for in s.817.155, F.S.	(If name unavailable, enter al	ternate name adopted for the purpose of transacting busing			Limited	
Coconut Grove, FL 33133 (Street Address of Principal Office)						
Date first transacted business in Florida, if prior to registration. (See sections 605,0904 & 605,0905, F.S. to determine penalty flability) 5. 3187 Royal Road Coconut Grove, FL 33133 (Street Address of Frincipal Office) 6. 3187 Royal Road Coconut Grove, FL 33133 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Office Address: 1200 South Pine Island Road Plantation, FL (City) Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited flability company at the place designated in this application, I herbs) accept the appointment ys registered agent and agree to act in this capacity. I further agree to complywith the provisions of all spaties relative to the proper and complete performance of my duties, and I am familiar with a accept the obligations of my position at registered agent. (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Caroline Weiss, Manager/Sole Member, 3187 Royal Road, Coconut Grove, Fl 33133 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) Signature of an authorized person 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.	(Jurisdiction under the law		(FEI number, if applicable)			
(See sections 603,0904 & 605,0905, F.S. to determine penalty (lability) 5. 3187 Royal Road Coconut Grove, FL 33133 (Mailing Address of Frincipal Office) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: NRAI Services, Inc. Office Address: 1200 South Pine Island Road Plantation, FL (City) Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I her-by accept the appointment ar registered agent and agree to act in this capacity. I further agree to complywith the provisions of all spatures relative to the proper and complete performance of my duties, and I am familiar with a accept the obligations of my position as registered agent. (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Caroline Weiss, Manager/Sole Member, 3187 Royal Road, Coconut Grove, Fl 33133 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized, (If the certificate is in a foreign fanguage, a translation of the certificate under oath of the translator must be submitted) Signature of an authorized person 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.	4. upon qualification					
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Caroline Weiss Typed or printed name of signee	This document is executed submitted in a document to	the Department of State constitutes a third degree for	elony as provided for in s.817.15	ilse informati 55, F.S.	on	
Typed or printed name of signee		Caroline Weiss				
		Typed or printed name of signe	•			

<u>Delaware</u>

Page 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "7 AT BLUE LAGOON (2), 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 NINETEENTH DAY OF APRIL, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "7 AT BLUE LAGOON (2), LLC" WAS FORMED ON THE FIFTEENTH DAY OF APRIL, A.D. 2016.

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

e at corp delaware gov/aut

Authentication: 202173377

Date: 04-19-16

6017611 8300 SR# 20162399393