

From:  
6/3/2016

06/03/2016 13:01

#377 P.001/004

Division of Corporations

**M1600004474**

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : FLAGLER DEVELOPMENT GROUP, LLC  
Account Number : I20020000144  
Phone : (305)520-2344  
Fax Number : (305)520-2400

**\*\*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  
DTS 3MC Office LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

2016 JUN -3 PM 12:57

2016 JUN -3 PM 12:57

2016 JUN -3 PM 10:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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JUN 06 2016  
J. BRUCE

From:

06/03/2016 13:02

#377 P.002/004

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: DTS 3MC Office LLC**

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

**Brenda Johnson**

Name of Person

**Florida East Coast Industries, LLC**

Firm/Company

**2855 Le Jeune Rd., 4th Floor**

Address

**Coral Gables, FL 33134**

City/State and Zip Code

**brenda.johnson@feci.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Brenda Johnson**

at

**305**

Area Code

**520-2427**

Daytime Telephone Number

Name of Contact Person

**MAILING ADDRESS:**

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy

☐ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy

SECRET  
STATE  
TALLAHASSEE, FLORIDA

2016 JUN -3 P 10:09

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

*IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A  
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. DTS 3MC Office LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware

(Jurisdiction under the law of which foreign limited liability company is organized)

3. \_\_\_\_\_

(FEI number, if applicable)

4. \_\_\_\_\_

(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 2855 Le Jeune Rd., 4th Floor

Coral Gables, FL 33134

(Street Address of Principal Office)

6. 2855 Le Jeune Rd., 4th Floor

Coral Gables, FL 33134

(Mailing Address)

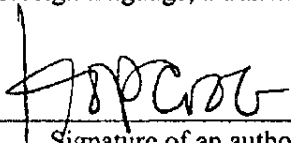
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

P. Michael Reininger (P); Vincent Signorello (VP); Michael Bradish (VP)

Kolleen Cobb (VP, S); Juan (Rusty) Godoy (VP, T, AS);

Heather Enderby (VP, CFO)

8. Attached is an original 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. (A photocopy is not acceptable. 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

(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Kolleen O.P. Cobb, Vice President

Typed or printed name of signer

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 TALLAHASSEE, FLORIDA  
 SECRETARY OF STATE

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

**DTS 3MC Office LLC**

If unavailable, the alternate to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

**Kolleen O.P. Cobb**

(Name)

**2855 Le Jeune Rd., 4th Floor**

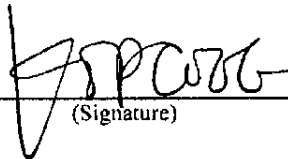
Florida Street Address (P.O. Box NOT ACCEPTABLE)

**Coral Gables**

**FL 33134**

City/State/Zip

*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 certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes.*



(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

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