

M16000004597

(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:

W16-41669

Office Use Only



600286569286

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 JUN -7 A 10:29

FILED

16 JUN -7 PM 1:33
SUFFICIENCY AFFIDAVIT

RECEIVED
DEPARTMENT OF STATE

JUN 09 2015
J. BRUCE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 8, 2016

NATIONAL CORPORATE RESEARCH, LTD.

SUBJECT: STEELBRIDGE LAS OLAS EAST, LLC
Ref. Number: W16000041669

We have received your document for STEELBRIDGE LAS OLAS EAST, LLC and the authorization to debit your account in the amount of \$125.00. However, the document has not been filed and is being retained for the following:

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.

Deborah Bruce
Regulatory Specialist II

Letter Number: 116A00012036

2016 JUN - 7 A 10: 29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

RECEIVED
DEPARTMENT OF STATE
16 JUN - 8 AM 10: 42

Date: 06/07/2016

Account #: I20000000088

Name: Tamara Clark

Reference #: B076795

ENTITY NAME: STEELBRIDGE LAS OLAS EAST, LLC

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Annual Report

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other: _____

FILED
2016 JUN -7 A 10:29
TALLAHASSEE, FLORIDA

Authorized Amount: \$125.00

Signature: Tamara Clark

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Steelbridge Las Olas East, 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:

Jay M. Caplin

Name of Person

Steelbridge Capital, LLC

Firm/Company

1401 Brickell Avenue, Suite 570

Address

1401 Brickell Avenue, Suite 570, Miami, FL 33131

City/State and Zip Code

jcaplin@steelbridge.com

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

For further information concerning this matter, please call:

Jay M. Caplin

Name of Contact Person

at (305)

Area Code

374-1004

Daytime Telephone Number

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

2016 JUN -7 A 10:29

FILED

STATE OF FLORIDA
TALLAHASSEE

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. Steelbridge Las Olas East, 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 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (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. c/o Steelbridge Capital, LLC

1401 Brickell Avenue, Suite 570, Miami, FL 33131
(Street Address of Principal Office)

6. c/o Steelbridge Capital, LLC

1401 Brickell Avenue, Suite 570, Miami, FL 33131
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: National Corporate Research, Ltd., Inc.

Office Address: 115 North Calhoun Street, Suite 4

Tallahassee, Florida 32301
(City) (Zip code)

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 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

[Signature]
(Registered agent's signature)

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

Series A of AGRE Steelbridge JV II LLC, as the sole member and manager, with an address of:

c/o Steelbridge Capital, LLC

1401 Brickell Avenue, Suite 570, Miami, FL 33131 Attn: Jay M. Caplin

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]
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.

Jay M. Caplin

Typed or printed name of signer

FILED
2016 JUN -7 A 10:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA