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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	page. Doing so will generate another cover sheet.
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 Retail LLC

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

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#396 P.001/006



June 6, 2016

FLORIDA DEPARTMENT OF STATE

Division of Corporations

FLAGLER DEVELOPMENT GROUP, LLC

SUBJECT: DTS 3MC RETAIL LLC

REF: W16000040870

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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

FAX Aud. #: H16000136381 Letter Number: 216A00011794

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: DTS 3MC Retail LLC	
Name of Limited Liability Company	•
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida, Existence, and check are submitted to register the above referenced foreign limited liability company to transact business."	' Certificate of ness in Florida
Please return all correspondence concerning this matter to the following:	
Brenda Johnson	
Name of Person	_ ZS
Florida East Coast Industries, LLC	S LOHE
Firm/Company	SALVASSE
2855 Le Jeune Rd., 4th Floor	333
Address	= = =
Coral Gables, FL 33134	AMID: 58
City/State and Zip Code	يرز دی
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 305 520-2427	
Name of Contact Person Area Code Daytime Telephone Number	
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	
Enclosed is a check for the following amount: © \$125.00 Filing Fee	

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:

DTS 3MC Retail 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.")
. Delaware
2. (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. 2855 Le Jeune Rd., 4th Floor 专家
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)
LHOCOG-
Signature of an authorized person (In accordance with section 605.0203, F.S., the execution of his document constitutes an affirmation under the penalties of perjury that the facts stated herein are true, 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 signee

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.

	C Retail LLC	mpany is:	
If unavailable,	the alternate to be used in	the state of Florida is:	
2. The name a	nd the Florida street addre	ss of the registered agent and office are:	16 J
·	Kolleen O.P. 0	Cobb (Name)	J 8
	2855 Le Jeune	e Rd., 4th Floor	AH IO.
	Florida Street	Address (P.O. Box NOT ACCEPTABLE) 33134 FL	5 8
		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)

<u>Delaware</u>

Page 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "DTS 3MC RETAIL 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 FIRST DAY OF JUNE, A.D. 2016.

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

8 AH 10: 58

Jeffrey W. Bullace, Becretary of State

6025760 8300 SR# 20164235660

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

Authentication: 202416333

Date: 06-01-16