

Mile0000005/17

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

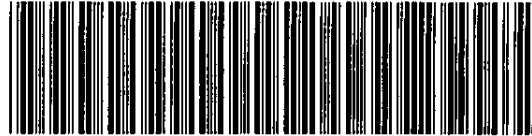
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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06/24/16--01020--005 **160.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 JUN 24 P 12:48

FILED

JUN 27 2016
BRUCE

BLANCHARD, KRASNER & FRENCH

A PROFESSIONAL CORPORATION

TELEPHONE: (858) 551-2440
FACSIMILE: (858) 551-2434
WEB: <http://www.bkflaw.com>

800 SILVERADO STREET, SECOND FLOOR
LA JOLLA, CALIFORNIA 92037

ALAN W. FRENCH
(Deceased)

June 20, 2016

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

Re: Application by Foreign LLC for Authorization to Transact Business
Our File No.: 2212-001

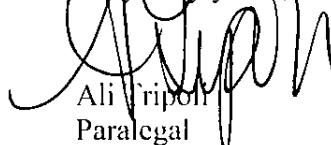
Dear Sir or Madam:

Enclosed please find the following documents for Focus Amzak Tampa Four, LLC:

- 1) Cover Letter;
- 2) One (1) original executed Application by Limited Liability Company for Authorization to Transact Business (the "Application");
- 3) The Certificate of Good Standing from Delaware issued within the past 90 days; and
- 4) A check in the amount of \$160.00 (Filing fee + Certificate of Status - Certified Copy), payable to the Division of Corporations.

Please return the certified "filed" stamped endorsed copy of the Application and Certificate of Status, in the enclosed self-addressed stamped envelope. If you have any questions, please feel free to contact me at (858) 551-2440. Thank you very much for all of your assistance.

Very truly yours,



Ali Tripoli
Paralegal

For BLANCHARD, KRASNER & FRENCH

AVT/
Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Focus Amzak Tampa Four, 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:

Alexandria Tripoli

Name of Person

Blanchard, Krasner & French

Firm/Company

800 Silverado Street, Second Floor

Address

La Jolla, California 92037

City/State and Zip Code

atripoli@bkflaw.com

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

For further information concerning this matter, please call:

Ali Tripoli

Name of Contact Person

858

Area Code

551-2440

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

FILED
2018 JUN 24 PM 12:48
TALLAHASSEE, FL
CLERK OF THE COURT

**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. Focus Amzak Tampa Four, 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. 81-2959103
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

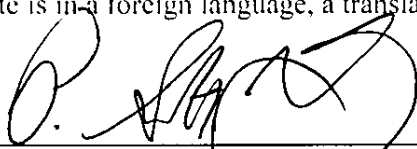
4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 8024 HIDDEN RIVER DR.
TAMPA, FL 33617
(Street Address of Principal Office)

6. 8024 HIDDEN RIVER DR.
TAMPA, FL 33617
(Mailing Address)

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
Steven Grady, Manager
8024 Hidden River Drive, Tampa, FL 33617

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.)

P. Scott Miller, Jr., Attorney

Typed or printed name of signee

FILED
2018 JUN 21 PM 7:48
TALLAHASSEE, FLORIDA

**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:

Focus Amzak Tampa Four, 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:

C T Corporation System

(Name)

1200 SOUTH PINE ISLAND ROAD

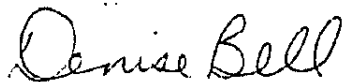
Florida Street Address (P.O. Box NOT ACCEPTABLE)

PLANTATION

FL 33324

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)

Denise Bell, Asst. Secy.

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

FILED
2016 JUN 24 PM 12:48
TALLAHASSEE, FLORIDA

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FOCUS AMZAK TAMPA FOUR, 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 SIXTH DAY OF JUNE, A.D. 2016.



6061910 8300

SR# 20164319988

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

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 202441336

Date: 06-06-16