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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

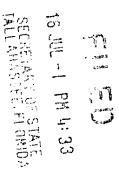
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Office Use Only



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J. HARRIRIS

#### **COVER LETTER**

TO:

TO:	Registration Sect Division of Corpo				
SUBJE		0 Manager, LLC			
SOBOL		Name of	Limited Liability Co	ompany	
				on to Transact Business in Florida," of diability company to transact busine	
Please r	eturn all correspond	lence concerning this matter to the	following:		
	Elisa Seg	guin			
	-	. N	ame of Person		
	13th Floo	or Investments			
		F	irm/Company		
	848 Bric	kell Avenue, PH1			
			Address		
	Miami, F	Clorida 33131			
		City/S	State and Zip Code		
	tsanders@	13fi.com			
		E-mail address: (to be use	d for future annual re	eport notification)	
For furt	her information con	cerning this matter, please call:			
	Elisa Seguin		786 at ( )	220-0460	
	N	lame of Contact Person	Area Code	Daytime Telephone Number	
. ,	MAILING ADDR Division of Corpor Registration Section P.O. Box 6327 Tallahassee, FL 32	rations on	Ī F C 2	Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Fallahassee, FL 32301	
Enclose	d is a check for the \$125.00 Filing		☐ \$155.00 Filing Certified Copy	Fee & \$\Bigsim \$160.00 Filing Fee, Cer of Status & Certified Copy	



June 22, 2016

ELISA SEGUIN 848 BRICKELL AVENUE, PH1 MIAMI, FL 33131

SUBJECT: 13TH FLOOR 620 MANAGER, LLC

Ref. Number: W16000044747

We have received your document for 13TH FLOOR 620 MANAGER, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

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.

Jenna D Harris Regulatory Specialist II

Letter Number: 616A0001317

## 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:

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alte Liability Company," "L.L.C," or "LLC.")	ernate name must include "Limited
2. Delaware 3. 30 - 094185	50
(Jurisdiction under the law of which foreign limited liability (FEI number, if a company is organized)	applicable)
January 8, 2016	
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	<del></del>
848 Brickell Avenue, PH1	<del></del>
Miami, Florida 33131	
(Street Address of Principal Office)	
. 848 Brickell Avenue, PH1	S =
Miami, Florida 33131	The state of the s
(Mailing Address)	
	A STREET
Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)	
Name: Tim Sanders	
Office Address: 848 Brickell Ave, PHI	골품 & 등급 &
Miami Florida 33	121
	code)
tegistered agent's acceptance:	.:
laving been named as registered agent and to accept service of process for the above stated lim	
esignated in this application, I hereby accept the appointment as registered agent and agree to	
complywith the provisions of all statutes relative to the proper and complete performance of t	my duties, and I am familiar wit
complywith the provisions of all statutes relative to the proper and complete performance of t	my duties, and I am familiar wit
complywith the provisions of all statutes relative to the proper and complete performance of a complete complete performance of a complete performan	my duties, and I am familiar wit
complywith the provisions of all statutes relative to the proper and complete performance of t	my duties, and I am familiar wit
complywith the provisions of all statutes relative to the proper and complete performance of a c	
(Registered agent's signature)  3. The name, title or capacity and address of the person(s) who has/have authority to manage is/an	
(Registered agent's signature)  3. The name, title or capacity and address of the person(s) who has/have authority to manage is/arraud Karsenti  Complywith the provisions of all statutes relative to the proper and complete performance of the person (s) who has/have authority to manage is/arraud Karsenti	
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/ar	
(Registered agent's signature)  8. The name, title or capacity and address of the person(s) who has/have authority to manage is/araud Karsenti  Arnaud Karsenti  Miami, Florida 33131	re:
(Registered agent's signature)  3. The name, title or capacity and address of the person(s) who has/have authority to manage is/an arnaud Karsenti  48 Brickell Avenue, PH1  Miami, Florida 33131  Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official	re:
(Registered agent's signature)  3. The name, title or capacity and address of the person(s) who has/have authority to manage is/ar arnaud Karsenti  48 Brickell Avenue, PH1  Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official arisdiction under the law of which it is organized. If the entificate is in a foreign language, a transport of the person of the perso	re:
(Registered agent's signature)  3. The name, title or capacity and address of the person(s) who has/have authority to manage is/an arnaud Karsenti  48 Brickell Avenue, PH1  Miami, Florida 33131	re:

Typed or printed name of signee

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.

Arnaud Karsenti

Page 1

## <u>Delaware</u>

### The First State

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

DELAWARE, DO HEREBY CERTIFY "13TH FLOOR 620 MANAGER, 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 TWENTY-SEVENTH DAY OF JUNE, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "13TH FLOOR 620 MANAGER, LLC" WAS FORMED ON THE EIGHTH DAY OF JANUARY, A.D. 2016.

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

Authentication: 202565403

Date: 06-27-16

5931770 8300 SR# 20164664548

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