# M1600005304

(Requestor's Name)						
(Address)						
(Address)						
(133,533)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

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16 JUL -1 AM 9:28 SECREPART OF STATE TALLAHASSEF FLOTIO

J. HARAS

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

( ) ( ) ( )

ACCOUNT NO. : 12000000195

REFERENCE: 200861 7903914

AUTHORIZATION: Spell of ma

COST LIMIT : \$\frac{1}{2}5.00

ORDER DATE: July 1, 2016

ORDER TIME : 3:04 PM

ORDER NO. : 200861-010

CUSTOMER NO: 7903914

\_\_\_\_\_\_

#### FOREIGN FILINGS

NAME: THIRD STREET PLAZA SUB-ENTITY

LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER:

### COVER LETTER

TO: Registration Section

Div	ision of Corporation	IS						
SUBJECT:	Third Street Plaza S	ub-Entity LLC						
Sebelei.		Name of Limited Liability Company						
The enclosed Existence, an	l "Application by For nd check are submitte	eign Limited Liability Comp d to register the above refere	any for Authoriza nced foreign limi	ition to Tra ted liability	nsact Business in Florida," company to transact busine	Certificate of ess in Florida		
Please return	all correspondence of	oncerning this matter to the	following:					
	Brandon A.S. R	Coss						
	Name of Person							
	Loeb & Loeb LLP							
Firm/Company								
901 New York Ave., NW, Ste 300E								
Address								
	Washington, DC 20001							
	City/State and Zip Code							
	bross@loeb.com							
		E-mail address: (to be used	for future annual	report noti	ification)			
For further in	nformation concerning	g this matter, please call:						
Не	ather Thornton		202 _ at (	524-846	57			
<u></u>	Name o	f Contact Person	Area Code	Dayı	time 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						
	check for the follow 125.00 Filing Fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filir Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Ce of Status & Certified Cop.			

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

1.

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. Third Street Plaza Sub- (Name of For	Entity LLC eign Limited Liability Company; must include "Lin	nited Liability Company," "L.L.C.,"	or "LLC.")
(If name unavailable, enter a Liability Company," "L.L.C,	ternate name adopted for the purpose of transacting	g business in Florida. The alternate n	ame must include "Limited
2. Delaware	3.		
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicab	le)
4			
	(Date first transacted business in Florida, i (See sections 605.0904 & 605.0905, F.S. to o	f prior to registration.) letermine penalty liability)	
5. 575 Admiralty Parade			
·			
	(Street Address of Principal Offic		
575 Admirolty Danada	man 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
6. 575 Admiralty Parade	west, Napies, FL 34102		<u> </u>
	(Mailing Address)		To have
7 Name and street address	s of Florida registered agent: (P.O. Box NOT	Caccentable)	1.4TE
7. Ivanic and <u>street addres</u>	Corporation Service Company	_acceptable/	<u>G</u> m <b>c</b>
Name:	Corporation Service Company	<del> </del>	***
Office Address:	1201 Hays Street		
	Tallahassee	, Florida 32301	
	(City)	(Zip code)	<del></del>
designated in this applica to complywith the provision	gistered agent and to accept service of procestion, I hereby accept the appointment as regions of all statutes relative to the proper and converged agent.  Corporation Service Company  By:	stered agent and agree to act in to complete performance of my duti	this capacity. I further agree
	(Registered agents si	gnature)	
8. The name, title or capa Charles A. Camalier, III,	city and address of the person(s) who has/hav	e authority to manage is/are:	
	300 Washington, DC 20006		
	20 2000		
	of existence, no more than 90 days old, duly a of which it is organized. (If the certificate is in ibmitted)  Signature of an authorize	a foreign language, a translation	
This document is executed	in accordance with section 605.0203 (1) (b), I	Florida Statutes. I am aware that a	ny false information
	the Department of State constitutes a third de		
	Brandon A.S. Ross		

Typed or printed name of signee

Page 1

## <u>Delaware</u>

## The First State

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

DELAWARE, DO HEREBY CERTIFY "THIRD STREET PLAZA SUB-ENTITY 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 JULY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "THIRD STREET PLAZA SUB-ENTITY LLC" WAS FORMED ON THE FIRST DAY OF JULY, A.D. 2016.

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

Authentication: 202597470

Date: 07-01-16

6084282 8300

SR# 20164755350