

M16000005898

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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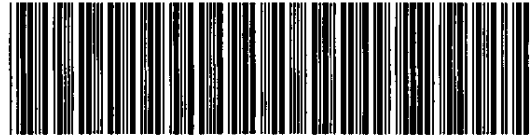
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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JUL 25 2016
S. YOUNG

FILED
JUL 22 PM 3:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 13th Floor Grove Plaza Manager, 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:

Tim Sanders

Name of Person

13th Floor Investments

Firm/Company

848 Brickell Avenue, PH1

Address

Miami, Florida 33131

City/State and Zip Code

tsanders@13fi.com

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

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SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA
15 JUL 22 PM 3:13

For further information concerning this matter, please call:

Elisa Seguin

786

581-2520

Name of Contact Person

at (_____) _____
Area Code

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

**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. 13th Floor Grove Plaza Manager, 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. 36-4841561
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. June 7, 2016
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 848 Brickell Avenue, PH1
Miami, Florida 33131
(Street Address of Principal Office)

6. 848 Brickell Avenue, PH1
Miami, Florida 33131
(Mailing Address)

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

Name: Tim Sanders
Office Address: 848 Brickell Avenue, PH1
Miami, Florida 33131
(City) (Zip code)

Registered agent's acceptance:

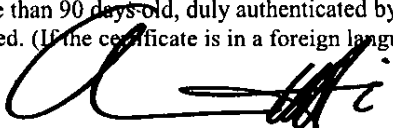
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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.


(Registered agent's signature)

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

Arnaud Karsenti, Member
848 Brickell Avenue, PH1
Miami, Florida 33131

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 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.

Arnaud Karsenti

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 JUL 22 PM 3:13

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT
COPY OF THE CERTIFICATE OF FORMATION OF "13TH FLOOR GROVE PLAZA
MANAGER, LLC", FILED IN THIS OFFICE ON THE SEVENTH DAY OF JUNE,
A.D. 2016, AT 12:39 O'CLOCK P.M.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 JUL 22 PM 3:13




Jeffrey W. Bullock, Secretary of State

6062292 8100
SR# 20164335503

Authentication: 202458415
Date: 06-08-16

**STATE of DELAWARE
LIMITED LIABILITY COMPANY
CERTIFICATE of FORMATION**

State of Delaware
Secretary of State
Division of Corporations
Delivered 12:39 PM 06/07/2016
FILED 12:39 PM 06/07/2016
SR 20164335503 - File Number 6062292

First: The name of the limited liability company is _____
13th Floor Grove Plaza Manager, LLC

Second: The address of its registered office in the State of Delaware is _____
2711 Centerville Road, Suite 400 _____ in the City of Wilmington
Zip code 19808 _____ The name of its Registered agent at such address is
Corporation Service Company

Third: (Use this paragraph only if the company is to have a specific effective date of dissolution: "The latest date on which the limited liability company is to dissolve is _____.")

Fourth: (Insert any other matters the members determine to include herein.)

13th Floor Manager, LLC
848 Brickell Avenue, PH1
Miami, Florida 33131

In Witness Whereof, the undersigned have executed this Certificate of Formation this

7 day of June, 2016.

By: 13th Floor Manager, LLC, its sole member.

By: 
Authorized Person (s)

Name: Arnaud Karsenti, Member

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