M16000006175

(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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16 AUG -3 PH 4: 3

AUG 0 4 2016 Y SULKER CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 242529 5174517

AUTHORIZATION

COST LIMIT : \$ 125.00

ORDER DATE: August 3, 2016

ORDER TIME : 3:38 PM

ORDER NO. : 242529-010

CUSTOMER NO: 5174517

FOREIGN FILINGS

NAME: FSU RETAIL INVESTORS LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER:

COVER LETTER

TO:

Registration Section

JECT:	FSU Retail Investo	ors LLC				
	Name of Limited Liability Company					
enclosed tence, ar	d "Application by Fond check are submitted	preign Limited Liability Comed to register the above refer	pany for Authorization to enced foreign limited liab	Transact Business in Florida," Certifica ility company to transact business in Flo		
se return	all correspondence	concerning this matter to the	following:			
	David Salman	son				
	Name of Person					
	Salmanson Capital, LLC					
		F	irm/Company			
	360 Madison Avenue, Suite 1902					
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Address				
	New York, New York 10017 City/State and Zip Code					
	david@salmans	oncapital.com				
		E-mail address: (to be use	d for future annual report	notification)		
urther in	formation concerni	ng this matter, please call:				
Dav	vid Salmanson		212 213- at ()	-1270		
	Name	of Contact Person		Daytime Telephone Number		
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327		Division Regist	ET ADDRESS: on of Corporations ration Section n Building			
	ahassee, FL 32314		2661 F	Executive Center Circle passee, FL 32301		
	check for the follow					
□ \$	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:

FSU Retail Investors L	LC	•	
(Name of For	eign Limited Liability Company; must include "Limi	ted Liability Company," "L.L.C.," o	or "LLC.")
(If name unavailable, enter a Liability Company," "L.L.C.	Iternate name adopted for the purpose of transacting "or "LLC.")	business in Florida. The alternate na	ame must include "Limited
2. Delaware	3		
company is organized)	of which foreign limited liability	(FEI number, if applicable	e)
4. July 12, 2016			
	(Date first transacted business in Florida, if (See sections 605.0904 & 605.0905, F.S. to de	prior to registration.) etermine penalty liability)	
5. 360 Madison Avenue,	Suite 1902		Spherine
New York, New York	10017		
	(Street Address of Principal Office)		_
6. 360 Madison Avenue,	Suite 1902		
New York, New York	10017		
	(Mailing Address)	, , , , , , , , , , , , , , , , , , ,	
7. Name and street address	ss of Florida registered agent: (P.O. Box NOT	acceptable)	5
Name:	Corporation Service Company	*****	ج الله الله الله الله الله الله الله الل
Office Address:	1201 Hays Street		
	Tallahassee	Florida 32301	
Registered agent's accep	(City)	, Florida 32301 (Zip code)	
designated in this applica to complywith the provisi	gistered agent and to accept service of process tion, I hereby accept the appointment as regist ons of all statutes relative to the proper and commy position as registered agent. Corporation Service Company By:	ered agent and agree to act in the implete performance of my dutie	his capacity. I further agries, and I am familiar with Melissa Zender
	(Registered agent's sign	nature) P	Asst. Vice President
8. The name, title or capa L3 Campus Retail 2016, I	acity and address of the person(s) who has/have _P, as Member	authority to manage is/are:	
360 Madison Avenue, Sui			
New York, New York 100			
9. Attached is a certificate	of existence, no more than 90 days old, duly au of which it is organized. (If the certificate is in a		
	Signature of an authorized		
This document is executed submitted in a document to	in accordance with section 605.0203 (1) (b), FI the Department of State constitutes a third degr	orida Statutes. I am aware that as ree felony as provided for in s.81	ny false information 7.155, F.S.
	David Salmanson, as manager of member		

Typed or printed name of signce

Delaware
The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "FSU RETAIL INVESTORS 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 THIRD DAY OF AUGUST, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FSU RETAIL INVESTORS LLC" WAS FORMED ON THE EIGHTH DAY OF JULY, A.D. 2016.

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

Authentication: 202768744

Date: 08-03-16