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SECRETARY OF STATE

S Warren

AUG 1 7 2016



August 2, 2016

KATHLEEN LAX 2721 EXECUTIVE PARK DRIVE, SUITE 4 WESTON, FL 33331

SUBJECT: PENINSULA STECAR II LLC

Ref. Number: W16000053521

We have received your document for PENINSULA STECAR II LLC and your check(s) totaling \$1040.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

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.

Stacey M Warren Regulatory Specialist II

Letter Number: 316A00016216

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJI	PENINSULA STECAR II, LLC	
SUBJI	Name of Limited Liability Company	
		_
	osed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate e, and check are submitted to register the above referenced foreign limited liability company to transact business in Flor	
Please	turn all correspondence concerning this matter to the following:	
	KATHLEEN LAX	
	Name of Person	
	SALVER & COOK, LLP	
	Firm/Company	
	2721 EXECUTIVE PARK DRIVE, SUITE 4	
	Address	
	WESTON, FL 33331	
	City/State and Zip Code	
	K.LAX@PSCCPAS.COM	
	E-mail address: (to be used for future annual report notification)	
For fu	er information concerning this matter, please call:	
	KATHLEEN LAX 954 389-1333 at ()	
	Name of Contact Person 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	
Enclos	is a check for the following amount: \$\Boxed{\text{S} 130.00 Filing Fee} \text{ \$\Boxed{\text{S} 130.00 Filing Fee} & \$\Boxed{\text{C} Certificate} \text{ \$\Delta S 155.00 Filing Fee} & \$\Boxed{\text{S} 160.00 Filing Fee} \text{ \$\Delta S 160.00 Filing Fee} & \$\Delta S 160.00 Filing Fee} \text{ \$\Delta S 160.00 Filing Fee} \text{ \$\Delta S 160.00 Filing Fee} & \$\Delta S 160.00 Filing Fee} \text{ \$\Delta S 160.00 Filing Fee} \$\Delta S 160.00 Filing Fe	

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: PENINSULA STECAR II, 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.") **DELAWARE** (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 2851 NE 183 STREET, SUITE 1408E AVENTURA, FL 33160 (Street Address of Principal Office) 2851 NE 183 STREET, SUITE 1408E AVENTURA, FL 33160 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) SALVER & COOK, LLP. Name: 2721 EXECUTIVE PARK DR., SUITE 4 Office Address: WESTON , Florida 33331 (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 complywith 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: VANESSA PIEDRAHITA, AP 2721 EXECUTIVE PARK DR., SUITE 4 WESTON, FL 33331 9. Attached is a certificate of existence, poyndre 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

VANESSA PIEDRAHITA

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.

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Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "PENINSULA STECAR II 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 EIGHTH DAY OF AUGUST, A.D. 2016.

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

e at corn delaware gov/aut

Authentication: 202791150

Date: 08-08-16

6077507 8300 SR# 20165270625