

M16000006599

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H16000191445 3)))



H160001914453ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA0000000323
Phone : (850) 205-8842
Fax Number : (850) 876-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FILED
2016 AUG 4 AM 10:19
CLERK OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

date of submission 8/4

Foreign Limited Liability Company
MARIPOSA PLAZA, LLC

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 09 4 |
| Estimated Charge | \$125.00 |

2016 AUG 17 PM 12:09

TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

8/17/2016 11:58:49 AM From: To: 8506176383(2/6)



August 11, 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

C T CORPORATION

SUBJECT: MARIPOSA PLAZA, LLC
REF: W16000055768

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Due to transmission problems, your faxed document or coversheet is illegible or incomplete. Please refax the document and cover sheet to this office for processing.

If you have any further questions concerning your document, please call (850) 245-6051.

Dionne M Scott
Regulatory Specialist II
Registration Section

FAX Aud. #: H16000191445
Letter Number: 816A00016967

2016 AUG 17 PM 12:09

TALLAHASSEE, FLORIDA

RECEIVED
DIVISION OF CORPORATIONS
DATE OF SUBMISSION 8/14

8/17/2016 11:58:49 AM From: To: 8506176383(3/6)



August 5, 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: MARIPOSA PLAZA, LLC
REF: W16000054235

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The electronic filing cover sheet submitted with your document reflects the incorrect type of document. The cover sheet must reflect the type of document you are filing. Please generate a new fax audit cover sheet under the appropriate document type. When resubmitting your document for filing, please also send a copy of the incorrect cover sheet marked "ABANDONED".

If you have any further questions concerning your document, please call (850) 245-6052.

Matthew T Moon
Regulatory Specialist II
New Filing Section

FAX Aud. #: E16000190233
Letter Number: 316A00016504

RE-SUBMIT

Please retain original filing
date of submission 8/4

2016 AUG 17 PM 12:09
TALLAHASSEE, FLORIDA

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. Mariposa Plaza, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

2. Delaware 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FBI number, if applicable)

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

5. 1111 Kane Concourse, Suite 502

Bay Harbour Islands, FL 33154
(Street Address of Principal Office)

6. 1111 Kane Concourse, Suite 502

Bay Harbour Islands, FL 33154
(Mailing Address)

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

Name: NRAI Services, Inc.

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(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.

By: Angel Nunez
(Registered agent's signature) **Assistant Secretary**

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

Family Management Center LLC, Manager, 1111 Kane Concourse, Suite 502, Bay Harbour Islands, FL 33154

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.

Noemi Romero
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.

Noemi Romero, Authorized Person
Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "MARIPOSA PLAZA, 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 ANNUAL FRANCHISE TAXES
HAVE BEEN ASSESSED TO DATE.

FILED
2016 AUG 4 AM 10:19
CLERK OF STATE
TALLAHASSEE, FLORIDA



6114409 8300

SR# 20165219223

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


Jeffrey W. Bullock, Secretary of State

Authentication: 202771898

Date: 08-03-16