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AUG 2 2 2016 Y SULKER

W16 = 53563



August 3, 2016

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

SUBJECT: PENINSULA SW II, LLC Ref. Number: W16000053550

We have received your document for PENINSULA SW 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):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 116A00016247

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:		PENINSUI	LA SW II, LLC					
Name of Limited Liability Company								
		eign Limited Liability Comp d to register the above refere						
Please return al	l correspondence c	oncerning this matter to the	following:					
	KATHLEEN L	AX						
Name of Person								
	SALVER & CO	OOK, LLP						
Firm/Company								
	2721 EXECUTIVE PARK DRIVE, SUITE 4							
Address								
WESTON, FL 33331								
City/State and Zip Code								
	K.LAX@PSCCI							
		E-mail address: (to be used	l for future annual	report not	ification)			
For further info	rmation concernin	g this matter, please call:						
KATI ———	HLEEN LAX		954 _ at (389-13: _)				
	Name o	of Contact Person	Area Code	Day	time Telephone Number			
Divisi Regist P.O. E	ING ADDRESS: on of Corporations ration Section Box 6327 assee, FL 32314			Division Registrati Clifton B 2661 Exe	ADDRESS: of Corporations ion Section uilding cutive Center Circle see, FL 32301			
Enclosed is a c □ \$12	heck for the follow 25.00 Filing Fee	ring amount: X\$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filir Certified Copy		☐ \$160.00 Filing Fee, Cof Status & Certified Co			

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 SW 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** (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) 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 Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company hithe place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. Isturther agree to complywith the provisions of all stability relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agant. (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, to 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)

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.

Signature of an authorized person

Page 1

<u>Delaware</u>

The First State

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

DELAWARE, DO HEREBY CERTIFY "PENINSULA SW 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 TENTH DAY OF AUGUST, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES

HAVE BEEN ASSESSED TO DATE.

Authentication: 202804698

Date: 08-10-16

6077483 8300 SR# 20165305881