

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.

(((H16000234933 3)))



H160002349333ABC+

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 : FCA00000023

Fax Number

Phone : (850) 205-8842 : (850)878-5368

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

Email Address:				
	F	÷	3	Addwage:

Foreign Limited Liability Company Miami Lake Venture Associates LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help D. SCOTT

SEP 22

9/21/2016

9/21/2016 2:54:11 PM From: To: 8506176383(2/4)

COVER LETTER

of the state of the entry of the state of square and the same of the state of the s

т0:		Istration Section ision of Corporation	18						
SUBJE	Cer.	Miami Lakes Ventu	re Associates LLC						
SOLVE	C 1;		Name o	f Limited Liability	Company				
			eign Limited Liability Cond to register the above refe						
Please re	eturn	all correspondence o	concerning this matter to th	e following:					
		Susan R. McM	laster						
		·		Name of Person					
		Jaffe Raitt Heu	or & Weiss PC						
	Firm/Company						_		
		27777 Franklin Road, Suite 2500							
	Address								
		Southfield, MI	48034						
			City/	State and Zip Code					
		smcmastor@jaffe	elaw.com				S	16	
			E-mail address: (to be us	ed for future annua	report not	tification)	三品		
For furth	ner in	formation concerning	g this matter, please call:				岩 豐	SEP	
	Sus	an R. McMaster	•	248 at (727-14	85	255 255 255 255 255 255 255 255 255 255	21	
		Name o	f Contact Person	Area Code	Day	rtime Telephone Number			\Box
	Divi Regi P.O.	ILING ADDRESS; sion of Corporations stration Section Box 6327 ahassec, FL 32314			Division Registrat Clifton B 2661 Exe	of Corporations ion Section wilding centive Center Circle see, FL 32301		9:31.	
Enclosed		check for the follow 125,00 Filing Fee	ing amount: □ \$130.00 Filing Fee & Certificate of Status	S \$155.00 Filis Certified Copy		☐ \$160.00 Filing Fee, of Status & Certified (ate	

9/21/2016	2:54:11	PM	From:	To:	8506176383(3/4

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: Miami Lakes Venture Associates 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 (PEl number, if applicable) company is organized) Upon Filing (Date first transacted business in Florida, If prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty Hability) 27777 Franklin Road, Suite 200 Southfield, MI 48034 (Street Address of Principal Office) 27777 Franklin Road, Suite 200 Southfield, MI 48034 (Malling Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) National Registered Agents, Inc. Name: 1200 South Pine Island Road Office Address: , Florida 33324 Plantation (City) 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. National Regisered Agents, Inc. (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Miami Lakes GP One LLC, Member, 27777 Franklin Road, Suite 200, Southfield, MI 48034 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.

Typed or printed name of signee

Susan R. McMaster

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MIAMI LAKES VENTURE ASSOCIATES 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 THIRTEENTH DAY OF SEPTEMBER, A.D. 2016.

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

FILED SALES SERVICE SECRETARISMENT STATES

6150559 **8300** SR# 20165767312

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

Juffrey W. Bullock, Secretary of State

Authentication: 202984983

Date: 09-13-16