Division of Corporations

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### Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Attn: Stacey Warren

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : RENNERT, VOGEL, MANDLER & RODRIGUEZ, P.A,

Account Number: 076103002011 Phone: (305)577-4177 Fax Number: (305)533-1587

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

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## Foreign Limited Liability Company Monroe South RE, LLC

| Certificate of Status | 0        |
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| Certified Copy        | 1        |
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TORUTARY OF STATE
TARASSEE, FLORIDA

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S Warren

SEP 30 2016

#### FAX AUDIT NO.: H16000241629 3

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPILANCE WITH SECTION 605.0002, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| Name of Fo   | C<br>reign Limited Liability Company; must include   | le "Limited Liability Company," "L.L.C.," or                                       | "LLC.")  |
|--|--|--|--|
| f name unavailable, enter a  | alternate name adopted for the purpose of tran   | sacting business in Florida. The alternate name                                    | ne must include "Limited                             |
| Delaware   |  | 20-2994057   |  |
|  | of which foreign limited liability   | (FRI number, if applicable)  |  |
| September 29, 2016   |  |  |  |
|  | (Date first transacted business in Flo<br>(See sections 605.0904 & 605.0905, F.  | orida, if prior to registration.)  | -  |
| 9200 Dadeland Blvd.,   | · ·  | 3. w determine penalty matrixy   | _  |
| Miami, Florida 33156   |  |  |  |
|  | (Street Address of Principal   | Office)  | - 13 <b>- 7</b>                                      |
| 9200 Dadeland Blvd.,   | Suite 320  |  | manual 184   |
| Mlami, Florida 33156   |  |  | 300  |
|  | (Mailing Address)  |  |  |
| Name and street address  | s of Florida registered agent: (P.O. Box   | NOT acceptable)  |  |
| Name:  | Registered Agents of Florida, LLC  | <u></u>  | 部別が  |
| Office Address:  | 100 SE 2 Street, Suite 2900  |  | 25<br>DA   |
|  | Miami  | Florida 33131  | •  |
|  | (City)   | (Zip code)   |  |
| signated in this applicat<br>complywith the provisio   | gistered agent and to accept service of prion, I hereby accept the appointment as one of all statutes relative to the proper a sy position as registered agent.  (Registered agent | registered agent and agree to act in this<br>nd complete performance of my duties, | capacity. I further aur.                             |
| The name, title or capa  | city and address of the person(s) who has  | have authority to manage is/are:   |  |
| lando Industrial 3, RE, I  | TC   |  | <del></del>  |
| 00 Dadeland Blvd., Suit  | e 320, Suite 320, Miami, FL 33156  |  |  |
| Attached is a certificate of sdiction under the law of the translator must be sufficient to the suffin | MK   | is in a foreign language, a translation of t                                       | stody of records in the<br>ne certificate under oath |
| _  | Signature of an auth   | •  |  |
| mitted in a document to  | in accordance with section 605.0203 (1) (the Department of State constitutes a third   | degree felony as provided for in 8.817.1:  | alse information<br>55, F.S.                         |
|  | Michael Kramer, Authorized Representat   | ive  |  |

Typed or printed name of signee

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# Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "MONROE SOUTH RE, 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 TWENTY-EIGHTH DAY OF SEPTEMBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MONROE SOUTH RE, LLC" WAS FORMED ON THE FOURTEENTH DAY OF SEPTEMBER, A.D. 2016.

6151374 8300
SR# 20165978160
You may varify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203072920

Date: 09-28-16

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FAX AUDIT NO.: H16000241629 3

#### AFFIDAVIT

STATE OF FLORIDA

COUNTY OF MIAMI-DADE:

BEFORE MB, ar officer duly authorized in the State aforessid and in the County aforesaid to take acknowledgments, personally appeared Michael Kramer ("Affiant"), as Authorized Representative of Orlando Industrial 3 RB, LLC, a Florida limited liability company, as the sole Member of Montoe South RE, LLC, a dissolved Florida limited liability company (the "Company") who, after being first duly sworn, deposes and says:

- I am the Authorized Representative of the Company.
- 2. The Company had been voluntarily dissolved on September 22, 2016.
- 3. The Company has no intention of reinstating; therefore, the Company is releasing the name "Monroe South RE, LLC" for use.

FURTHER AFFIANT SAYETH NAUGHT.

Michael Kramer

STATE OF FLORIDA

COUNTY OF MIAMI-DADE

The foregoing instrument was acknowledged before me this day of September, 2016 by Michael Kramer, as Authorized Representative of Monroe South RB, LLC, who is personally known to me or who has produced \_\_\_\_\_\_ as identification.

My commission expires: 08 05 17

LESLIE S HERNANDEZ

MY COMMISSION #FF012860

EXPIRES August 6, 2017

Flor.daNols.rvService.pon

Notary Publice Feelers Hernander

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