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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SALVATORI, WOOD, BUCKEL, CARMICHAEL & LOTTES

Account Number: I20030000112 : (239)552-4100 : (239)649-0158 Fax Number

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

LJSB SWBCL COM

Foreign Limited Liability Company Palm Hill Complex LLC

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Electronic Filing Menu

Corporate Filing Menu

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## 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 BLISINESS. IN THE STATE OF FLORIDA:

Palm Hill Complex LL				
(Name of Fore	eign Limited Liability Company; must in-	lude "Limited Liability C	Company," "L.L.C.," or "LI	·C.")
Liability Company," "L.L.C,	teruste name adopted for the purpose of "or "LLC.")	transacting business in Fl	orida. The alternate name in	oust include "Limited
2. Delaware		3. 81-3702535		
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FÉ	I number, if applicable)	
4				
	(Date first transacted business in (See sections 605.0904 & 605.090	Floride, if prior to regist i, F.S. to determine penal	ration.) ty liability)	
5. 390 Park Avenue, Flor	or 15			
New York, New York	10022			16 OCT 10 AH 9: 29  ONISION OF CURPORATIONS
<u></u>	(Street Address of Prince	ipal Offiœ)		
6. 390 Park Avenue, Floo	r 15			9 = 1
New York, New York	10022			
	(Mailing Addi	ess)		E C
7. Name and street address	ss of Florida registered agent: (P.O. I	Box <u>NOT</u> acceptable)		) AH 9: 29
Name:	Salvatori, Wood, Buckel, Carmich	sel & Lottes		
Office Address:	9132 Strada Place, Fourth Floor			
	Naples	P(e	orida 34108 (Zip code)	
	· (CHS)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(Zip code)	
designated in this applicate complywith the provision	rgistered agent and to accept service tion, I hereby accept the appointment ons of all statutes relative of the property position as registered agent.	it as registered agent a	and agree to act in this c	apacity. I further agree
	(Registered	agent's signature)		
8. The name, title or cap: Palm Hill Management, I	acity and address of the person(s) wh LC, as Manager	bas/bave authority to	manage is/are:	·
390 Park Avenue, Floor 1	5			
New York, New York 10	022			
9. Attached is a certificate jurisdiction under the law of the translator must be so		ld, duly authenticated licate is in a foreign lan	by the official having cus guage, a translation of th	stody of records in the e certificate under oath
	I in accordance with section 605.0203 to the Department of State constitutes			
	Leo J. Salvatori	_		
	Typed or print	ed 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 "PALM HILL COMPLEX 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 SEVENTH DAY OF OCTOBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PALM HILL COMPLEX LLC" WAS FORMED ON THE NINETEENTH DAY OF JULY, A.D. 2016.

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

Authentication: 203125826

Date: 10-07-16

6101272 8300 SR# 20166113573

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

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October 10, 2016

## FLORIDA DEPARTMENT OF STATE

SALVATORI, WOOD, BUCKEL, CARMICHAEL & LOTTES

SUBJECT: PALM HILL COMPLEX LLC

REF: W16000069268

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.

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 FAX Aud. #: H16000248999 Letter Number: 116A00021743