# Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FLAGLER DEVELOPMENT GROUP, LLC

Account Number : 120020000144 Phone : (305)520-2344

: (305)520~2400

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Email Address:

## Foreign Limited Liability Company Parcel 10A/10B LLC

Certificate of Status	0
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OCT 27 2016

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#### COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Parcel 10A/10B LLC
Name of Limited Liability Company
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.
Please return all correspondence concerning this matter to the following:
Jessica Perez
Name of Person
Florida East Coast Industries, LLC
Firm/Company
2855 Le Jeune Rd., 4th Floor
Address
Coral Gables, FL 33134
City/State and Zip Code
jessica.perez@feci.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jessica Perez 305 520-2366
Name of Contact Person Area Code Daytime Telephone Number
MAILING ADDRESS:  Division of Corporations  Registration Section  P.O. Box 6327  Tallahassee, FL 32314  STREET ADDRESS:  Division of Corporations  Registration Section  Clifton Building  2661 Executive Center Circle  Tallahassee, FL 32301
Enclosed is a check for the following amount:  \$\Begin{array}{c} \Begin{array}{c} ar

#### 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. Parcel 10A/10B LLC  (Name of Foreign Lumted 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 Liability Company," "L.I.C," or "LLC.")	ne must include "L	imited
Delaware 3		
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicab company is organized)	le)	
4.		_
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)		
<sub>5.</sub> 2855 Le Jeune Rd., 4th Floor		_
Coral Gables, FL 33134		
(Street Address of Principal Office)		_
<sub>6.</sub> 2855 Le Jeune Rd., 4th Floor	)	
Coral Gables, FL 33134	6 O	
(Mailing Address)	35	5
7. The name, title or capacity and address of the person(s) who has/have authority to man	nage is/ar	P.+++++
Vincent Signorello (P); Daniel Marcus (VP);		
Kolleen Cobb (VP, S); Juan (Rusty) Godoy (VP, T); and	i A	
Margarita M. Martinez (VP, AS); Marshall Bruce Snyder (V	P)	
8. Attached is an original certificate of existence, no more than 90 days old, duly authentic having custody of records in the jurisdiction under the law of which it is organized. (A phacceptable. If the certificate is in a foreign language, a translation of the certificate under or must be submitted)  Signature of an authorized person  (In accordance with section 605.0203, F.S., the execution of this optiment constitutes an affirmation under the penalties of perjury that amy false information submitted in a document to the Department of State constitutes a third degree felony as provided	otocopy is no oath of the tra	et enslator erein are true.

Kolleen O.P. Cobb, Vice President

Typed or printed name of signee

### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

olleen O.P. 0 855 Le Jeune	e Rd., 4th Floor	
855 Le Jeune	e Rd., 4th Floor	
	e Rd., 4th Floor	
Florida Street		
	Address (P.O. Box NOT ACCEPTABLE)	17
oral Gables	FL 33134	16 0
	City/State/Zip	7.58.7.7 1.7.58.7.7
t the place designated in the place to act in this can the proper and completions of my position as re	in this certificate, I hereby accept the apportune apportune. I further agree to comply with the ete performance of my duties, and I am fan egistered agent as provided for in Chapter	ointment as e provisions of all nillar withoud
	l as registered agent a the place designated d agree to act in this c the proper and comple ons of my position as r	FL



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PARCEL 10A/10B 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-FIFTH DAY OF OCTOBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PARCEL 10A/10B LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF OCTOBER, A.D. 2013.

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

5423264 8300

SR# 20166345546

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

Authentication: 203218170

Date: 10-25-16