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Division of Corporations

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Account Name : ARNSTEIN & LEHR LLP

Account Number : I20060000021 : (561)833-9800 Fax Number : (561)655-5551

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MICHELBESSO @ KGADUPHOLDINGS. COM Email Address:

## Foreign Limited Liability Company METROPICA LANDS, LLC

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

IN COMPLIANCE WITH SECTION 603.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	METROPICA LANDS, LLC	_
	(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC.," or "LLC.,")	
	(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The elternate name must locaude "Limited Liability Company," "L.L.C.," "LLC.")	-
•	Delaware 3	
	(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	-
	Upon qualification	<b>-</b>
	(Date first transported business in Florida, If prior to registration.) (Sea sections 603.0904 & 605.0905 F.S. to determine penalty Hability)	
	1601 SAWGRASS CORPORATE PARKWAY, SUITE 140	-
	SUNRISE, PL 33323 (Siree: Address of Principal Office)	-
	1601 SAWGRASS CORPORATE PARKWAY, SUITE 140	-
•	SUNRISE, FL 33323	-
	(Malling Aridress)	-
	Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	-
	Name: MICHEL BESSO	-
	Office Address: 1601 SAWGRASS CORFORATE FARKWAY, SUITE 140 SUNRISE, FL 33323	-
	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 comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the abligations of the position as registered agent.	
	Registered agont 3 signature	0
•	Registered agoniff signature  The name, title or capacity and address of the person(s) who has/bave authority to manage is/are:  MIC WEL RESS O DIRECTOR  1661 SAW GRASS CORE RATE PAREWAY Sui TO 140  3 UN Rive FLA 33323	UL 1 3
	JUNICIA FLA 33323	-
	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 onth of the translation must be submitted.)	MT 9: 16
	Signature of arranhorized person (In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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 s817.155,F.S.)	
	MICHEL RESSO, Authorized Representative	

Typed or printed name of signee

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## Delaware The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "METROPICA LANDS, 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 AFORESAID "METROPICA LANDS, LLC" IS A SERIES LIMITED LIABILITY COMPANY.

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

5643204 8300E SR# 20166355702 Authentication: 203223793

(((H16000265898 3))) Date: 10-25-16

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October 28, 2016

FLORIDA DEPARTMENT OF STATE Division of Corporations

ARNSTRIN & LEBR LLP

SUBJECT: METROPICA LANDS, LLC REF: W16000073292

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.

The registered agent must sign accepting the designation.

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)  $245{\sim}6051$ .

Karen A Saly Regulatory Specialist II

FAX Aud. #: H16000265898 Letter Number: 516A00023184

P.O BOX 6327 - Tallahassec, Florida 32314