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(Requestor's Name) (Address) (Address)	100291942211
(City/State/Zip/Phone #)	·
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	1)/20/16 -01001 -000 * *125.00
Special Instructions to Filing Officer:	FILED OF- 16 M 2016 NOV 23 P 12: 00 SECNE FARY OF STATE TALLAHASSEE, FLORIDA
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FLORIDA DEPARTMENT OF STATE Division of Corporations TE FILING

November 23, 2016

SUNSHINE CORPORATE FILING

,

SUBJECT: MELBOURNE ADDISON PRESERVE LLC Ref. Number: W16000078754

We have received your document for MELBOURNE ADDISON PRESERVE LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 day

If you have any questions concerning the filing of your document, please Sale (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 516A00025115

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SUPPORT OF

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

$SUNSHINE \ {\rm Corporate \ filing \ of \ florida \ inc.}$

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724 SUNSHINECORPORATE2014@GMAIL.COM

Date: 11-22-16

ENTITY NAME:

Addisor ourne 00

****PLEASE FILE THE ATTACHED AND RETURN:****

Plain Copy

Certified Copy

PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY: Document Number:

	Certified Copy of Arts & Amendments Certificate of Good Standing	SECRETARY	DIS NOV 23	
COUNTRY	**APOSTILLE'/NOTARIAL CERTIFICATION:*	OF STATE E. FLORID	P 12: 0	D
NUMBER	OF CERTIFICATES REQUESTED	P	0	

PLEASE CONTACT TINA OR ERIC AT 850-656-4724 FOR ANY PROBLEMS OR INFORMATION ON THIS MATTER.

Thank you!

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

IN COMPLENCE WITH SECTION 603,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN, UNITED LAUGHLIN', COMPANY TO TRANSACT BUSINESS, IN THE STATE OF FLORIDA:

	reign Limited Liability Company; must include - Limited		<u>(;*)</u>	
(If name unavailable, enter a Liability Company," "L.L.C	iliemate name adopted for the purpose of transacting but," or "LLC,")	siness in Florido. The alternate name m	ust include "Limited	
	or which foreign limited liability 3.	(FUI number, il upplicable)		
4	(Dato first transpected business in Florids, if pri (See sections 605.0904 & 605.0905, F.S. to duter	ar to registration.) mine negaty liability)		
s. 155 Ea		5F		
Na You	New Y.L. 10022		2016 SEC TALL	
6. 155 Ec		<u>5E</u>		71
New Yorl	(Malling Address)		NOV 23 RETARY AHASSE	r
7. Name and street address	s of Florida registered agent: (P.O. Box <u>NOT</u> .acc	ceptable)		[m]
Name:	United Corporate Services, Inc.		69 8	D
Office Address:	9200 South Dadeland Blyd Suite 508			
	Miami	Fiorida 33156	A O	
Repistered secults secon	(City)	(Zip code)		

Having been named as registered agent and to accept service of process for the above stated limited liability company of the place designated in this application, I hereby accept the oppointment 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 registe placement.

(Registered agent's signature) Michael A. Brare, President

B. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Michael Suchs and Jerome Sachs	Managers of Melbourne Addison
-155 East S5th Street	Preserve Manager LLC which is the
New Yorl New York 10022	Manager of Melbourne Addison
	Preserve LLC

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 outhorized person

This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes, 1 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.

Andrew Ellis, Authorized Person

Typed or printed name of signer



The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MELBOURNE ADDISON PRESERVE 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-SECOND DAY OF NOVEMBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MELBOURNE ADDISON PRESERVE LLC" WAS FORMED ON THE EIGHTEENTH DAY OF NOVEMBER, A.D. 2016.

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



ecentary of State

Authentication: 203383648 Date: 11-22-16

6219770 8300

SR# 20166754623 You may verify this certificate online at corp.delaware.gov/authver.shtml Page 1