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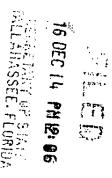
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#### COVER LETTER

TO:

**Registration Section** 

Division of Corporations	
LUMA AT MIRAMAR, LLC SUBJECT:	
	Limited Liability Company
	pany for Authorization to Transact Business in Florida," Certificate of enced foreign limited liability company to transact business in Florida
Please return all correspondence concerning this matter to the	following:
Mitchell A. Sherman, Esq.	
N	ame of Person
Sherman Law Group	
F	irm/Company
7593 Boynton Beach Blvd., Suite 220	
-	Address
Boynton Beach, Florida 33437	
City/S	tate and Zip Code
charlescaii@aol.com	
E-mail address: (to be use	d for future annual report notification)
For further information concerning this matter, please call:	
Mitchell A. Sherman	561 738-1202 at ( )
Name of Contact Person	Area Code Daytime Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, F1. 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}\$ \text{\$125.00 Filing Fee} & \Begin{array}\$ \text{\$130.00 Filing Fee} & \text{Certificate of Status} \end{array}\$	☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

#### 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 HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(If name unavailable, enter al Liability Company," "L.L.C.	ternate name adopted for the purpose of transacti	ing business in Florida. The alternate nam	ne must include "Lin	iited
2. Delaware	or fiee. I			
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable)	)	
4. Subsequent to Registra				
	(Date first transacted business in Florida (See sections 605,0904 & 605,0905, F.S. to	i, if prior to registration.) o determine penalty liability)	_	
5.	`	• • •		
			_	
2499 Glades Road, Sui	te 112, Boca Raton, Florida 33431  (Street Address of Principal Off	lice)	_	
2499 Glades Road, Sui	te 112, Boca Raton, Florida 33431	11007		
).	,		- [ නි	
				يون د الاي وفي
	(Mailing Address)		SS	odá, <sub>ko</sub> Palogo
7. Name and street address	s of Florida registered agent: (P.O. Box No.	OT_acceptable)	ma -	el <del>marija</del> ,
Name:	Charles M. Scardina, Jr.			Them.
Office Address:	2499 Glades Road, Suite 112		S J X X	Yadye.
	Boca Raton	Florida 33431	<b>S 9</b>	
	(City)	(Zip code)	_	
lesignated in this applica o complywith the provisi	gistered agent and to accept service of proc tion, I hereby accept the appointment as re ons of all statutes relative to the proper and my position as registered agent.	gistered agent and agree to act in th	is capacity. I furth	her agre
	(Registered agent's	signature)	_	
8. The name title or can:	acity and address of the person(s) who has/h	ave authority to manage is/are:		
· · · · · · · · · · · · · · · · · · ·	mar 380, LLC by Charles M. Scardina, Jr.	NACY		
Zama Communico (ma	The story page of charter in Bearing the	19/6/2	<del></del> -	
			<u></u>	
O. Attached is a certificate urisdiction under the law of the translator must be s	of existence, no more than 90 days old, duly of which it is organized. (If the certificate is abmitted)  Signature of an autho	in a foreign language, a translation o	custody of records	in the der oath
	•	,		
This document is executed submitted in a document to	I in accordance with section 605.0203 (1) (be the Department of State constitutes a third	), Florida Statutes. I am aware that an degree felony as provided for in \$ \$17	iy false information 7.155, F.S.	
	Charles M. Scardina, Jr.		- ,	

Typed or printed name of signee

Page 1

## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "LUMA AT MIRAMAR, 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 THIRTEENTH DAY OF DECEMBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LUMA AT MIRAMAR, LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF AUGUST, A.D. 2016.

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

Authentication: 203501024

Date: 12-13-16

6136193 8300 SR# 20167048841 <u>Delaware</u>

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF FORMATION OF "LUMA AT MIRAMAR, LLC", FILED IN THIS OFFICE ON THE TWENTY-NINTH DAY OF AUGUST, A.D. 2016, AT 10:56 O'CLOCK A.M.



Authentication: 202906430 Date: 08-29-16

6136193 8100 SR# 20165555845

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

Since of Delovary
Secretary of Stars
Unitation of Comparations
Dath and MISS ANI 08 29-2016
FULED 10:56 ANI 08 29-2016
R 2016535545 - File Number 11,36193

### OF Luma At Miramar, LLC

The undersigned, being an authorized person for purposes of executing this Certificate of Formation on behalf of Luma At Miramar, LLC, a Delaware Limited Liability Company (the "L.L.C."), desiring to comply with the requirements of 6 <u>Del.C.</u> Section 18-201 and the other provisions of the Delaware Limited Liability Company Act, 6 <u>Del.C.</u> Section 18-101, et seq. (the "Act"), hereby certifies as follows:

- 1. Name of the L.L.C. The name of the L.L.C. is: Luma At Miramar, LLC.
- 2. Registered Office and Registered Agent of the L.L.C. The name of the registered agent for service of process on the L.L.C. in the State of Delaware is Agents and Corporations, Inc. The address of the registered agent of the L.L.C. and the address of the registered office of the L.L.C. in the State of Delaware is 1201 Orange Street, Suite 600, Wilmington, DE 19801.
- 3. <u>Date of Formation and Effective Date</u> The date of formation and the effective date of the L.L.C. shall be the date of filing of this Certificate of Formation with the Secretary of State of the State of Delaware.

IN WITNESS WHEREOF, the undersigned hereby executes this Certificate of Formation in accordance with the provisions of 6 <u>Del.C.</u> Section 18-201 on August 29, 2016.

John L. Williams (Authorized Person)