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(((H17000002750 3)))



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To:

Division of Corporations

Fax Number : (850)617+6383

From:

Account Name : FLAGLER DEVELOPMENT GROUP, LLC

Account Number : I20020000144 Phone : (305)520-2344 Fax Number : (305)520-2400

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

Email Address:

Foreign Limited Liability Company DT Residential North LLC

Certificate of Status	0
Certified Copy	0
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Corporate Filing Menu

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COVER LETTER

TO:

Registration Section Division of Corporations

CHRIECT.

DT Residential North 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	

For further information concerning this matter, please call:

Jessica Perez

_{ar} 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:

E-mail address: (to be used for future annual report notification)

Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Enclosed is a check for the following amount:

■ \$125.00 Filing Fee

□ \$130.00 Filing Fee & Certificate of Status

□ \$155.00 Filing Fee & Certified Copy

☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

LWX DELABI TIOUT



January 5, 2017

FLORIDA DEPARTMENT OF STATE

Division of Corporations

FLAGLER DEVELOPMENT GROUP, LLC

SUBJECT: DT RESIDENTIAL NORTH LLC

REF: W17000000655

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.

Shelia H Young Regulatory Specialist II FAX Aud. #: H17000002750 Letter Number: 317A00000215

ά'n 2017 JAN -9

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 RUSINESS IN THE STATE OF FLORIDA

1. DT Residential North LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company;" "L.L.C.," or "LLC."		
(Name of Foreign Limited Liability Company; must include "Limited Liability Company;" L.L.C., or "LIC."	,	
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must Liability Company," "L.L.C," or "L.L.C.")	include "Lim	ited
Delaware		
2. (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)		
4.		
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)		
_{5.} 2855 Le Jeune Rd., 4th Floor		
Coral Gables, FL 33134) Viî 4	·
(Street Address of Principal Office)	322 1	
6. 2855 Le Jeune Rd., 4th Floor	ري ر	100
Coral Gables, FL 33134		1.00 1.73
(Mailing Address)	رب در	
7. The name, title or capacity and address of the person(s) who has/have authority to manage it		
P. Michael Reininger (P); Vincent Signorello (VP); Marshall Bruce Snyde	er (VP);	
Kolleen Cobb (VP, S); Juan (Rusty) Godoy (VP, T, AS);		
Heather Enderby (VP, CFO);		
8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated having custody of records in the jurisdiction under the law of which it is organized. (A photoco acceptable. If the certificate is in a foreign language, a translation of the certificate under oath or must be submitted) Signature of an authorized person (In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the farm aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.	py is not f the transl	ator
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.

	the alternate to be used in the		
	, the atternate to be used in the	e state of Fiorida is.	
2. The name	and the Florida street address	of the registered agent and office are:	
	Kolleen O.P. C	obb	
		(Name)	
2855 Le Jeune Rd., 4th Floor		7 Ja	
	Florida Street Address (P.O. Box NOT ACCEPTABLE)		19
	Coral Gables	33134 FL	
		City/State/Zip	9: 34

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 certificate, 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 obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes.

(Signature)

\$ 100.00 Filing Fee for Application

Designation of Registered Agent \$ 25.00

\$ 30.00 Certified Copy (optional)

Certificate of Status (optional) 5.00

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "DT RESIDENTIAL NORTH 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 FIFTH DAY OF JANUARY, A.D. 2017.

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

Authentication: 201823345

Date: 01-05-17

6025771 8300

SR# 20170069411

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