## MMODDOIDS

| uestor's Name)                          |  |  |  |  |  |  |
|---|--|--|--|--|--|--|
| ress)                                   |  |  |  |  |  |  |
| lress)                                  |  |  |  |  |  |  |
| /State/Zip/Phone                        | e #)   |  |  |  |  |  |
| ☐ WAIT                                  | MAIL   |  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |  |
| Certificates                            | s of Status  |  |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
|   | :  |  |  |  |  |  |
|   |  |  |  |  |  |  |
|   | ress)  /State/Zip/Phone  WAIT  iness Entity Nare  cument Number) |  |  |  |  |  |

Office Use Only



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FEB 0 8 2017 S. YOUNG TALLAHASSEE, FLORID,

## COVER LETTER

| SUBJECT:                   | lillsboro Shores, LL  | C   |                      |   |                   |
|----------------------------|---|---|----------------------|---|-------------------|
| SOBJECT                    | Name of Limited Liability Company                                     |   |                      |   |                   |
|                            |   |   |                      | tion to Transact Business in Florida,<br>ted liability company to transact busi   |                   |
| Please return al           | l correspondence co   | oncerning this matter to the  | e following:         |   |                   |
|                            | Tim Sanders   |   |                      |   |                   |
|                            |   | 1   | Name of Person       |   | <del>-</del>      |
|                            | 13th Floor Inves  | stments   |                      |   |                   |
|                            | <del></del>   | F   | Firm/Company         | <del></del>   | _                 |
|                            | 848 Brickell Av   | enue, PH1   |                      |   |                   |
|                            |   |   | Address              |   | 1                 |
|                            | Miami, Florida  | 33131   |                      |   | TT FEB -T PH      |
|                            |   | City/s  | State and Zip Code   |   | _ <u></u>         |
|                            | tsanders@13fi.co  |   |                      | 1771  | _ R               |
| For further info           | ormation concerning   | E-mail address: (to be use<br>this matter, please call:                                   | ed for future annual | report notification)  | TT FEB-T PH 4: 56 |
| Elisa                      | Seguin  |   | 786<br>at (          | 220-0460  |                   |
|                            | Name o  | Contact Person  | Area Code            | Daytime Telephone Number  | _                 |
| Divisi<br>Regisi<br>P.O. E | on of Corporations<br>tration Section<br>Box 6327<br>massee, FL 32314 |   |                      | STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 |                   |
|                            | heck for the follows<br>25.00 Filing Fee                              | ng amount:  \$\Begin{align*} \text{S130.00 Filing Fee & Configure of Status} \end{align*} | □ \$155.00 Filin     | -   |                   |

## 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:

| Hillsboro Shores, LLC  | SINESS IN THE STATE OF FLORID   | и:                                     |  |   |
|--|---|--|--|---|
| (Name of Fore  | eign Limited Liability Company; m   | ust include "Lim                       | ited Liability Company," "L.L.                                   | C.," or "LLC.")   |
| (If name unavailable, enter al<br>Liability Company," "L.L.C." | ternate name adopted for the purpo  | se of transacting                      |  | 1   |
| 2. Delaware  |   | 3.                                     | 32-0516  | 884   |
| (Jurisdiction under the law company is organized)              | of which foreign limited liability  |  | (FEI number, if app  | licable)  |
| January 23, 2017   |   |  |  |   |
| <del>*</del>   | (Date first transacted busin<br>(See sections 605.0904 & 60   | ness in Florida, if                    | f prior to registration.)  |   |
| 5. 848 Brickell Avenue, l                                      |   |  | etermine penaity hability)                                       |   |
| Miami, Florida 33131   |   |  |  |   |
|  | (Street Address of  | Principal Office                       | <del></del>  |   |
| 6. 848 Brickell Avenue, P                                      | H1  |  |  |   |
| Miami, Florida 33131   |   |  |  | <b>3</b>  |
|  | (Mailing  | g Address)                             |  | T 28  |
| 7. Name and street addres                                      | ss of Florida registered agent: (I  | P.O. Box NOT                           | `acceptable)   | <b>B</b> 777  |
|  | Tim Sanders   |  | ,  | - Side  |
| Name:  |   |  |  | P . F. S  |
| Office Address:  | 848 Brickell Avenue, PH1  |  |  | F 95  |
|  | Miami   |  | , Florida <u>33131</u>   | ALLAHASSEE, FLORIDA<br>17 FEB - 7 PM 4: 56  |
| D  | (City)  |  | (Zip co  | de)   |
| designated in this applica<br>to complywith the provisi        | gistered agent and to accept se<br>tion, I hereby accept the appoin<br>ons of all statutes relative to th<br>my position as registered agent. | ntment as regis<br>e proper and co     | stered agent and agree to ac<br>omplete performance of my        | ed liability company at the place et in this capacity. I further agree e duties, and I am familiar with and |
|  | (Regi   | istered agent's si                     | gnature  |   |
| 8. The name, title or capa                                     | acity and address of the person(s   | s) who has/hav                         | e authority to manage is/are:                                    |   |
| Arnaud Karsenti, Authori                                       | zed Member  |  |  |   |
| 848 Brickell Avenue, PH  | 1   |  |  |   |
| Miami, Florida 33131   |   |  |  |   |
|  | of which it is organized. (If the ubmitted)   | certificate is in                      | a foreign language, a transla                                    | naving custody of records in the ation of the certificate under oath  |
|  | Signatur  | re of an authoriz                      | ed person  |   |
| This document is executed submitted in a document to           | f in accordance with section 605 the Department of State consti   | 5.0203 (1) (b), I<br>itutes a third de | Florida Statutes. I am aware t<br>gree felony as provided for it | that any false information<br>n s.817.155, F.S.   |

Typed or printed name of signee

Arnaud Karsenti

Page 1

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "HILLSBORO SHORES, 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 FIRST DAY OF FEBRUARY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HILLSBORO SHORES, LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF JANUARY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES

HAVE BEEN ASSESSED TO DATE.

EB-7 PM 4:56

Ai

Authentication: 201968905

Date: 02-01-17

6293793 8300 SR# 20170588625