

Division of Corporations

Page 1 of 2

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : GREENSPOON HARDER, P.A.
Account Number : 076064003722
Phone : (888)491-1120
Fax Number : (954)343-6962

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

Email Address: jmillier@elrhinvestments.com

**Foreign Limited Liability Company
EMIF Baymeadows Management LLC**

Certificate of Status	1
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Page Count	02
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TALLAHASSEE, FLORIDA

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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 BUSINESS IN THE STATE OF FLORIDA:

1. EMIF Baymeadows Management LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLP")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLP.")

2. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized) (P.O. number, if applicable)4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0901 & 605.0903, F.S., to determine penalty liability)5. 11911 US Highway 1, Suite 204
North Palm Beach, FL 33408
(Street Address of Principal Office)6. 11911 US Highway 1, Suite 204
North Palm Beach, FL 33408
(Mailing Address)

7. Name and street address of Florida registered agent (P.O. Box NOT acceptable)

Name: Joseph G. Luback
Office Address: 11911 US Highway 1, Suite 204
North Palm Beach Florida 33408
(City) (Zip code)

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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

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

Joseph G. Luback, Managing Member of American Landmark II LLC, the sole member ofEMIF Management LLC, the sole member of EMIF Baymeadows Management LLC;11911 US Highway 1, Suite 204, North Palm Beach, FL 33408

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 authorized person

This document is executed in accordance with section 605.0207 (1)(b), Florida Statutes. 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 s.817.155, F.S.

Joseph G. Luback, Manager

Typed or printed name of signer

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Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EMIF BAYMEADOWS MANAGEMENT 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 NINTH DAY OF FEBRUARY, A.D. 2017.

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



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Date: 02-09-17

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