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D. SCOTT FEB 2 3 2017 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE : 15190897 AUTHORIZATION COST LIMIT : \$ 130.00 ORDER DATE: February 21, 2017 ORDER TIME : 10:27 AM ORDER NO. : 519089-005 CUSTOMER NO: 9643A FOREIGN FILINGS METROPICA RESIDENTIAL II & NAME: III, LLC ĆĎ XXXX QUALIFICATION (TYPE: LL) PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: ___ CERTIFIED COPY __ PLAIN STAMPED COPY XX CERTIFICATE OF GOOD STANDING

EXAMINER: ____

CONTACT PERSON: Melissa Zender -- EXT# 62956

COVER LETTER

TO:		ation Section n of Corporation	18				
SUBJI		tropica Residenti	ial II and III, LLC				
50201			Name of I	Limited Liability	Company		
The en Exister	closed "A _l ice, and ch	pplication by For seck are submitte	eign Limited Liability Comp d to register the above refere	any for Authoriza	ation to Transact Business in Flo ited liability company to transact	rida," Certificate of business in Florida	
Please	return all	correspondence с	concerning this matter to the	following:			
		Jeffrey Wolfe, 1	Esq.				
			Na	ame of Person			
		Sachs Sax Capl	an, P.L.				
		Firm/Company					
		6111 Broken Sc	ound Parkway NW, Suite 20	0			
Address							
		Boca Raton, FL	. 33487				
			City/St	ate and Zip Code			
	1	michelbesso@kg	roupholdings.com				
	_		E-mail address: (to be used	for future annual	l report notification)	-	
For fur	ther inforn	nation concerning	g this matter, please call:		 	18 1	
	Jeffrey	Wolfe		561 _ at (237-6868		
		Name o	f Contact Person	Area Code	Daytime Telephone Num	ber 22	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314					STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	# 9 18	
Enclose		ck for the followi 00 Filing Fee	ing amount: ■ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filir Certified Copy	ng Fee & □ \$160.00 Filing F of Status & Certifie		

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:

Metropica Residential			
(Name of Fore	ign Limited Liability Company; mus	i include "Limited Liability Company," "L.L.C.," or "L	:LC:T)
.iability.Company," "L.L.C,	ternate name adopted for the purpose or "LLC.")	of transacting business in Florida. The alternate name	must include "Limited
Delaware		3. 81-5397502	
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable)	
·	(Date first transacted husines	ss in Florida if prior to registration	
		is in Florida, if prior to registration.) 1905, F.S. to determine penalty liability)	
. 1601 Sawgrass Corpor	ate Parkway, Suite 140		
Sunrise, FL 33323			
	(Street Address of P.	rincipal Office)	至25 7
1601 Sawgrass Corpora	ite Parkway, Suite 140		F.8 m
Sunrise, FL 33323			野の
	(Mailing A	ddress)	22 [
. Name and street address	s of Florida registered agent; (P.C		
	Michel Besso	έι πού 1401 accontante)	
Name:	MORE DESSU		<u> </u>
Office Address:	1601 Sawgrass Corporate Parkw	vay, Suite 140	₩ ¹
	Sunrise	, Florida 33323	
Registered agent's accep	(City)	(Zip code)	
esignated in this application of the complywith the provision of the complywith the complete complywith the complete complywith the complete complywith the complete comp	tion, I hereby accept the appoints	ice of process for the above stated limited liability ment as registered agent and agree to act in this o proper and complete performance of my duties, a	capacity. I further a
	(Registe	red agent's signature)	
8. The name, title or capa	•	who has/have authority to manage is/are:	
oseph Kavana, Manager	Fardan(a)		
601 Sawgrass Corporate	Parkway, Suite 140		
Sunrise, FL 33323			
Attached is a certificate urisdiction under the law of the translator must be su	of which it is organized. (If the ce	or old, duly authenticated by the official having curtificate is in a foreign language, a translation of the first authorized person.	stody of records in the ne certificate under or
This document is executed submitted in a document to	in accordance with section 605.02 the Department of State constitut	203 (1) (b), Florida Statutes. I am aware that any fa es a third degree felony as provided for in s.817.15	alse information
	Jeffrey Wolfe		•

Typed or printed name of signee

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "METROPICA RESIDENTIAL II AND III, 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-FIRST DAY OF FEBRUARY, A.D.

2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "METROPICA RESIDENTIAL II AND III, LLC" WAS FORMED ON THE SIXTEENTH DAY OF FEBRUARY, A.D. 2017.

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

17 FEB 22 JM 9 18 SECRETARI GERMANIA

Authentication: 202069437

Date: 02-21-17

6318354 8300 SR# 20171069366