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то:		ation Section n of Corporation	s			· ·	
SUBJE	13t C T:	th Floor Windmill	Reserve Manager, LLC				
~		Name of Limited Liability Company					
			eign Limited Liability Comp I to register the above refere				
Please r	eturn all	correspondence co	oncerning this matter to the	following:			
		Tim Sanders					
			Na	ame of Person			
		13th Floor Inves	stments				
	Firm/Company						
	848 Brickell Avenue, PH1						
				Address			
		Miami, Florida	33131				
			City/S	tate and Zip Code			
		tsanders@13fi.co	m				
	•		E-mail address: (to be used	for future annual	report not	ification)	
For furt	her infor	mation concerning	this matter, please call:				
	Elisa S	eguin		786 at (220-04	60	
		Name of	f Contact Person	Area Code	Day	time Telephone Number	
	Division Registra P.O. Bo	n of Corporations ation Section ox 6327 ssee, FL 32314			Division Registrati Clifton B 2661 Exe	of Corporations ion Section uilding cutive Center Circle iee, FL 32301	
Enclose		eck for the followi .00 Filing Fee	ng amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filit Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, C of Status & Certified Co	

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:

	eign Limited Liability Company; mus	st include "Limited Liability Company," "L.L.C.," or "L	LC.")
(If name unavailable, enter a	lternate name adopted for the nurnose	e of transacting business in Florida. The alternate name	must include "I imited
Liability Company," "L.L.C,	" or "LLC.")	. of transacting outliness in Frontia. The attendate name	must metude Emmted
2. Delaware		3.	
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable)	
4. 2/14/2017			
	(Date first transacted busines (See sections 605.0904 & 605.0	ss in Florida, if prior to registration.) 0905, F.S. to determine penalty liability)	
5. 848 Brickell Avenue, l			
Miami, Florida 33131			
	(Street Address of P	rincipal Office)	
6. 848 Brickell Avenue, P	1H'		
Miami, Florida 33131			
	(Mailing A	Address)	1
7 Name and start address	•		; [
	ss of Florida registered agent: (P.0 Tim Sanders	O. Box NOT acceptable)	
Name:	848 Brickell Avenue, PH1	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
Office Address:	646 Brickell Avenue, 1111		
	Miami	, Florida 33131	
Registered agent's accep	(City)	(Zip code)	
	gistered agent and to accept serv.	ice of process for the above stated limited liabilit	y company at the place
designated in this applica to complywith the provision	tion, I hereby accept the appoints	ment as registered agent and agree to act in this proper and complete performance of my duties, a	capacity. I further agi ind I am familiar with
designated in this applica to complywith the provision	tion, I hereby accept the appoints ons of all statutes relative to the gray position as registered agent.	ment as registered agent and agree to act in this oproper and complete performance of my duties, a cred agent's signature)	capacity. I further agi and I am familiar with
designated in this applica to complywith the provisi accept the obligations of t	tion, I hereby accept the appoints ons of all statutes relative to the party position as registered agent. (Registe	proper and complete performance of my duties, a dered agent's signature)	capacity. I further agi ind I am familiar with
designated in this applica to complywith the provision accept the obligations of the 8. The name, title or capa	tion, I hereby accept the appoints ons of all statutes relative to the timy position as registered agent. (Registeractive and address of the person(s)	proper and complete performance of my duties, a	capacity. I further agi ind I am familiar with
designated in this applica to complywith the provisi accept the obligations of t	tion, I hereby accept the appoints ons of all statutes relative to the timy position as registered agent. (Registeracity and address of the person(s) zed Member	proper and complete performance of my duties, a dered agent's signature)	capacity. I further agi
designated in this applicate complywith the provision accept the obligations of the second se	tion, I hereby accept the appoints ons of all statutes relative to the timy position as registered agent. (Registeracity and address of the person(s) zed Member	proper and complete performance of my duties, a dered agent's signature)	capacity. I further agi
designated in this applicate complywith the provision accept the obligations of the second se	rition, I hereby accept the appointments of all statutes relative to the party position as registered agent. (Register active and address of the person(s) zed Member I of existence, no more than 90 day of which it is organized. (If the ce	proper and complete performance of my duties, a dered agent's signature)	and I am familiar with
designated in this applicate complywith the provision accept the obligations of the second se	rition, I hereby accept the appointments of all statutes relative to the party position as registered agent. (Register active and address of the person(s) zed Member I of existence, no more than 90 day of which it is organized. (If the ce	proper and complete performance of my duties, a cered agent's signature) who has/have authority to manage is/are: ys old, duly authenticated by the official having cu	and I am familiar with

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 "13TH FLOOR WINDMILL RESERVE MANAGER,

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 SEVENTEENTH DAY OF FEBRUARY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "13TH FLOOR WINDMILL RESERVE MANAGER, LLC" WAS FORMED ON THE FOURTEENTH DAY OF FEBRUARY, A.D. 2017.

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

Authentication: 202056234

Date: 02-17-17

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